

Name  
in  
Full

Donald Zinkand Barrow  
Town Hagerstown County Wash.

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death 1970. Month 2 Day 25 Age — Months 4 Days 23

Sex male Color or Race white Birth-place Md.  
Occupation —

Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband — X —

Father's Name William N. Barrow Father's Birthplace Md.

Mother's Maiden Name Charlotte Zinkand Mother's Birthplace " "

Name of person giving Information Wm N. Barrow How related to deceased father.

CAUSES OF DEATH

Primary Pneumonia. Broncho How long 2 days.

Immediate .. .. .

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician Vicki Stiller  
Address Hagerstown, Md.

Accident or Suicide no

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORNER

J. M. Sinter my son

Name  
in  
Full

Bessie Bennett

CERTIFICATE OF DEATH

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

Feb

1

Age

—

Sex

Female

Color or  
Race

Colored

Birth-  
place

Hagerstown Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Joseph Bennett

Father's  
Birthplace

Middlebury Va

Mother's  
Maiden Name

Beluah Bennett

Mother's  
Birthplace

Foxcroft Va

Name of person giving  
Information

Matthie Holmes

How related  
to deceased

Grandmother

CAUSES OF DEATH

157

Primary

Prematurity

How long

6 hours

Immediate

Insufficient development

How long

6 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Allen B. Wilson

Address

247 N. Jonathan St  
Hagerstown Md.

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

S. E. Ford

(5)

Name  
in  
Full

Charles Suther Bingham

CERTIFICATE OF DEATH

Town

County

Pa

MARYLAND

Died at

Wingston

Franklin

Date

of death 1900

Month

Feb

Day

28

Age

Years

Months

Days

26

Sex

M

Color or  
Race

W

Birth  
place

Wingston

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Andrew S Bingham

Father's  
Birthplace

Frank Co Pa

Mother's  
Maiden Name

Anna E Bowders

Mother's  
Birthplace

Wash Co Md

Name of person giving  
In formation

Andrew S Bingham

How related  
to deceased

Parents

CAUSES OF DEATH

Primary

epileptic

How long

very sudden

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

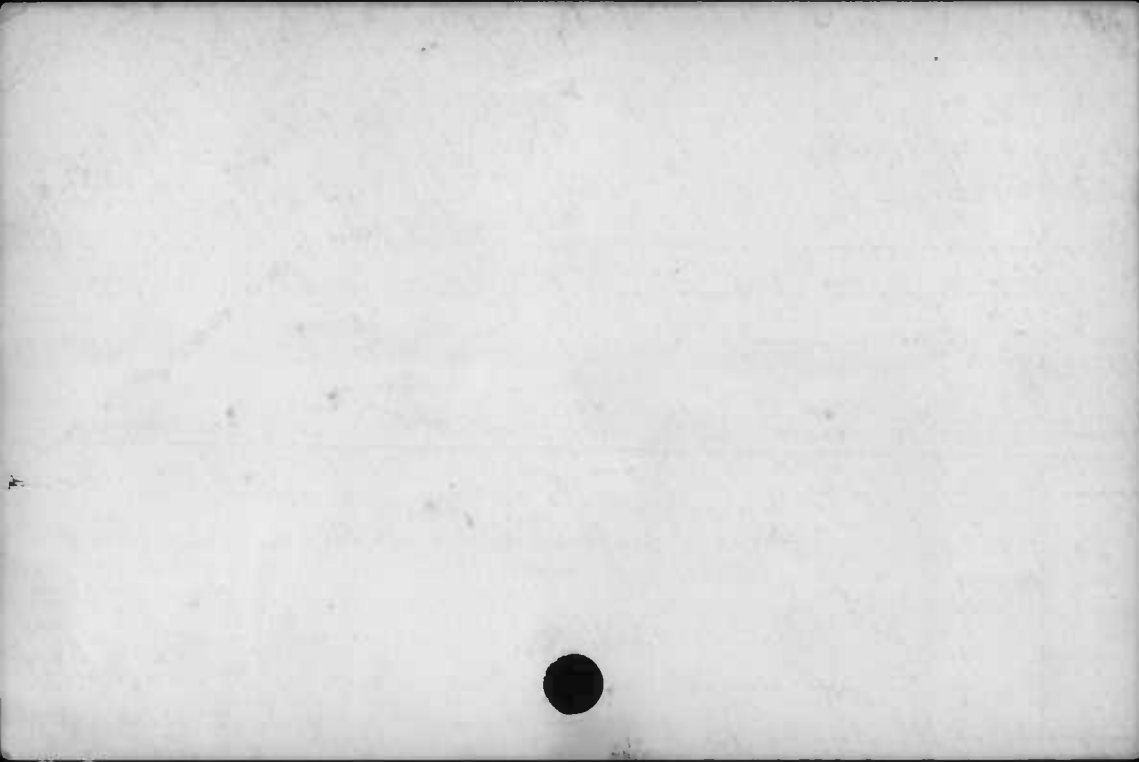
no doctor

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joseph Bowers*

near *Clear Spring* Town *Washington* County *MARYLAND*

Died at *Clear Spring*

Date of death 19*00* Month *Feb* Day *26* Age *44* Months *4* Days *26*

Sex *Male* Color or Race *White* Birth-place *Pa*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or ~~Widowed~~ *Widowed* Name of Wife or Husband *Mary C. Bowers*

Father's Name *John Bowers* Father's Birthplace *Pa*

Mother's Maiden Name *Pilly Carvine* Mother's Birthplace *Pa*

Name of person giving Information *Family Bible* How related to deceased

CAUSES OF DEATH

*27*

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *2 years*

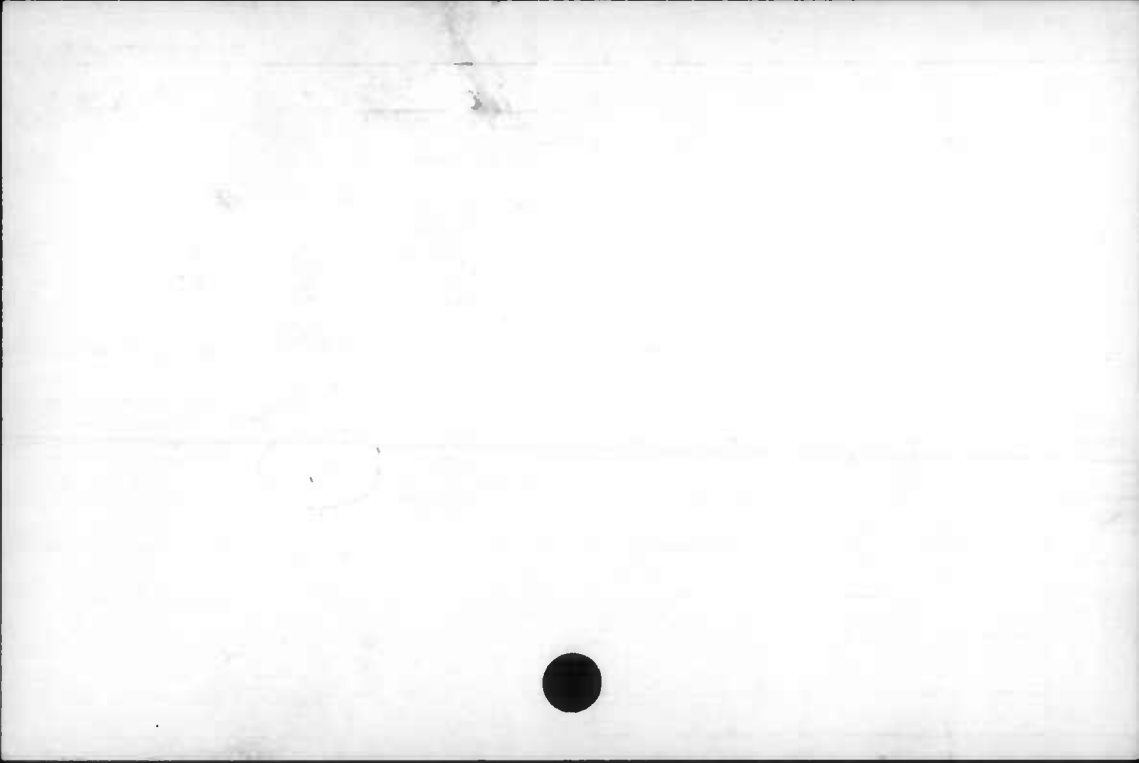
Immediate *Pulmonary Hemorrhage* How long *few minutes*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *E. D. Mason*

Address *Clear Spring, Md*

Accident or Suicide





Name  
in  
Full

Barbara Ellen Cline

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brownsville</i>		Town		<i>Washington</i>		County		MARYLAND		
Date of death	<i>1900</i>	Month	<i>Feb</i>	Day	<i>2</i>	Age	<i>71</i>	Years	<i>11</i>	
								Months	<i>20</i>	
Sex	<i>Female</i>		Color or Race		<i>White</i>		Birth-place		<i>Frederick Co</i>	
Occupation	<i>Housewife</i>				Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Hezekiah Cline</i>					
Father's Name	<i>Michael Marker</i>					Father's Birthplace				<i>Fred. Co</i>
Mother's Maiden Name	<i>Sarah Shriner</i>					Mother's Birthplace				<i>" "</i>
Name of person giving information	<i>Hezekiah Cline</i>					How related to deceased				<i>Husband</i>

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	<i>Influenza</i>	How long	<i>4 days</i>
Immediate	<i>Lobar Pneumonia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. J. Smith</i>
		Address	<i>Brownsville</i>
			<i>Ind</i>
Accident or Suicide?			

Brunig & Bast  
Mudcatter

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Hagerstown

Town

County

Wash.

MARYLAND

Date

of death 1968

Month

2

Day

15

Age

Years

68

Months

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Ohio

Occupation

Lady of Leisure

Where Residing if not  
at place of deathMarried, Single  
or Widowed

widow

Name of Wife or  
Husband

Wm. A. Collins

Father's  
Name

Thomas Shields

Father's  
Birthplace

Pa.

Mother's  
Maiden Name

Eliza Leet

Mother's  
Birthplace

Pa.

Name of person giving  
Information

Walter Marvin

How related  
to deceased

son-in-law

## CAUSES OF DEATH

Primary

Gas Asphyxiation

How long

174

68

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

A. H. Neason  
Hagerstown Md

Accident or Suicide

Accident

PHYSICIAN  
OR CORONER

E. M. Senter & Son

Name  
in  
Full

Halter C. Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williamport</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1946</i>	Month <i>2</i>	Day <i>14</i>	Age <i>39</i>	Months <i>5</i>	Days <i>12</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Near Williamport</i>	
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Hancock Md</i>			
Married, <del>Single</del> <i>Widowed</i>		Name of Wife or Husband <i>Olive S. Bomberger</i>			
Father's Name <i>Samuel Davis</i>		Father's Birthplace <i>Near Hancock Md</i>			
Mother's Maiden Name <i>Lillie Dellinger</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Olive S. Bomberger</i>		How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of lungs</i>	How long <i>4 months</i>
Immediate <i>Asthenia</i>	How long <i>5 weeks</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ernest W. Traister</i>
	Address <i>Williamport</i>
Accident or Suicide	

J. M. Miller  
undertaker  
williamsport  
md

Name  
in  
Full

William Henry Ditlow

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Williamsport, Md</i>		County <i>Washington</i>		MARYLAND	
Date of death	<i>1900</i>	Month <i>Feb</i>	Day <i>28th</i>	Age <i>69</i>	Months <i>1</i>	Days <i>12</i>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Was Co Md</i>
Occupation	<i>Laborer Juice Maker</i>			Where Residing if not at place of death			<i>_____</i>
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Mary Ellen Norris</i>			
Father's Name	<i>Henry Ditlow</i>			Father's Birthplace	<i>Lancaster Pa</i>		
Mother's Maiden Name	<i>Susan Grove</i>			Mother's Birthplace	<i>Was Co Md</i>		
Name of person giving information	<i>Mary Ellen Ditlow</i>			How related to deceased	<i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>three yrs</i>
Immediate	<i>Heart failure</i>	How long	<i>three days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. H. T. Geshner</i>
		Address	<i>Williamsport, Md.</i>
Accident or Suicide?			

Williamsport, Md. March 2<sup>d</sup> 1910  
Interred in Riverview Cemetery  
By J. H. Kreps, Undertaker.

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Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*xx* **Name** *Thomas J Earley* **Town** *Hagerstown* **County** *Washington* **MARYLAND**

**Died at** *Hagerstown* **Month** *Dec* **Day** *21* **Age** *76* **Years** *5-* **Months** *2* **Days**

**Date of death** *1900*

**Sex** *Male* **Color or Race** *White* **Birth-place** *Pa*

**Occupation** *Black Smith* **Where Residing if not at place of death** *-*

**Married, Single or Widowed** *Married* **Name of Wife or Husband** *Sarah C Earley*

**Father's Name** *Robert Earley* **Father's Birthplace** *Pa*

**Mother's Maiden Name** *Jane M' Cormick* **Mother's Birthplace** *Pa*

**Name of person giving Information** *Sarah C Earley* **How related to deceased** *Wife*

CAUSES OF DEATH

**64**

PHYSICIAN  
OR CORNER

**Primary** *Apoplexy* **How long** *4 days*

**Immediate** *Exhaustion due to Paralysis* **How long** *12 hours*

**Are the name, age, sex, color, date and place correctly given above?** *Yes*

**Signature of Physician** *F. H. Hoffmeyer*

**Address** *17 W Wash St  
Hagerstown Md*

**Accident or Suicide** *No*

A. K. Coffman

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Henry H. Eichelberger

Town Hagerstown County Washington MARYLAND

Died at Hagerstown Washington

Date of death 190 2 4 Age 68 Months 4 Days 26

Sex male Color or Race white Birth-place Md.

Occupation carpenter Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Louisa Eichelberger

Father's Name Eiri Eichelberger Father's Birthplace Md.

Mother's Maiden Name Sally Miller Mother's Birthplace Pa.

Name of person giving Information John Eichelberger How related to deceased son

## CAUSES OF DEATH

63

PHYSICIAN  
OR CORONER

Primary Paralysis agitans + asthenia How long 6 yrs.

Immediate Syncope How long 2 wks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. P. Laughlin

Address Hagerstown

Accident or Suicide

L.M. Suter & Son

Name  
in  
Full

No Name - Cummings  
Town County

CERTIFICATE OF DEATH

Died at Williamport Maah. MARYLAND  
Month Day Years Months Days

Date of death 1990 Feb. 23 Age 0

Sex Female Color or Race white Birth-place Williamport

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name John Cummings Father's Birthplace Williamport Md

Mother's Maiden Name Lila Throck Mother's Birthplace Fairfax Md.

Name of person giving Information John Cummings How related to deceased Father

CAUSES OF DEATH

Primary Prenatal Birth How long \_\_\_\_\_  
Immediate Still Born How long \_\_\_\_\_

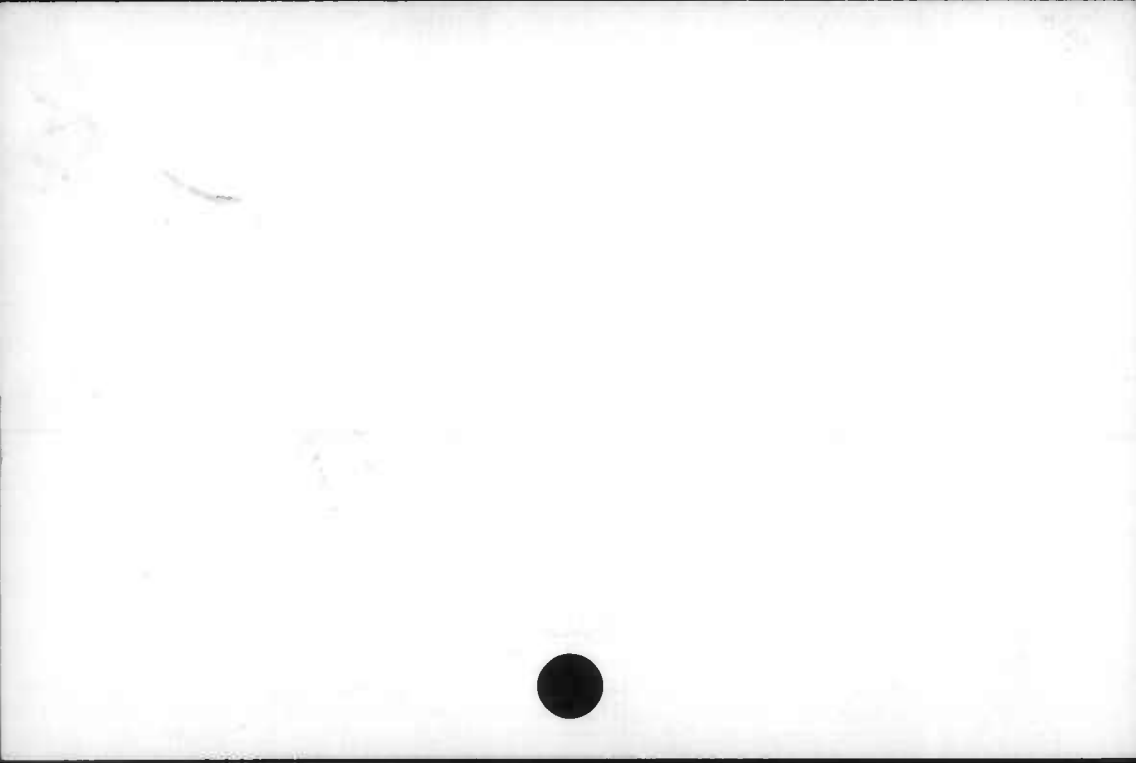
Are the name, age, sex, color, date and place correctly given above? yes: Signature of Physician W. Richardson

Address Williamport

Accident or Suicide No

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Priestburg</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 19 <i>80</i>	Month <i>Feb</i>	Day <i>25</i>	Age <i>—</i>	Months <i>13</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Williamsport</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Albert Everhart</i>			Father's Birthplace <i>Dry Run Pa</i>		
Mother's Maiden Name <i>Etta Preston</i>			Mother's Birthplace <i>Williamsport</i>		
Name of person giving information <i>E<sup>a</sup> Preston</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

97

PHYSICIAN  
OR CORONER

Primary <i>Bronchial Pneumonia</i>	How long <i>Two weeks</i>
Immediate <i>Edema of Lung</i>	How long <i>Three hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. S. Richardson</i>
	Address <i>Williamsport Md.</i>
Accident or Suicide? <i>No</i>	

Williamport Md. Feb. 27<sup>th</sup> 1910.  
interment in Riverview Cemetery  
By J. F. Epps. Undertaker.

---



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Miss Nellie E. Extine  
 Died at <sup>Town</sup> Halfway <sup>County</sup> Washington MARYLAND  
 Date of death 1900 <sup>Month</sup> 2 <sup>Day</sup> 4 Age <sup>Years</sup> 30 <sup>Months</sup> 2 <sup>Days</sup> 7  
 Sex Female Color or Race White Birth-place Md  
 Occupation Trained Nurse Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_  
 Father's Name Jacob Extine Father's Birthplace Md  
 Mother's Maiden Name Virginia Startzman Mother's Birthplace Md  
 Name of person giving Information Jacob Extine How related to deceased Father

CAUSES OF DEATH

Primary Tuberculosis (27) ✓  
 How long Couple years  
 Immediate \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician J. M. Scott  
 Address Hagerstown  
 Accident or Suicide \_\_\_\_\_

PHYSICIAN  
OR CORONER

L. M. Halliday

Name  
in  
Full

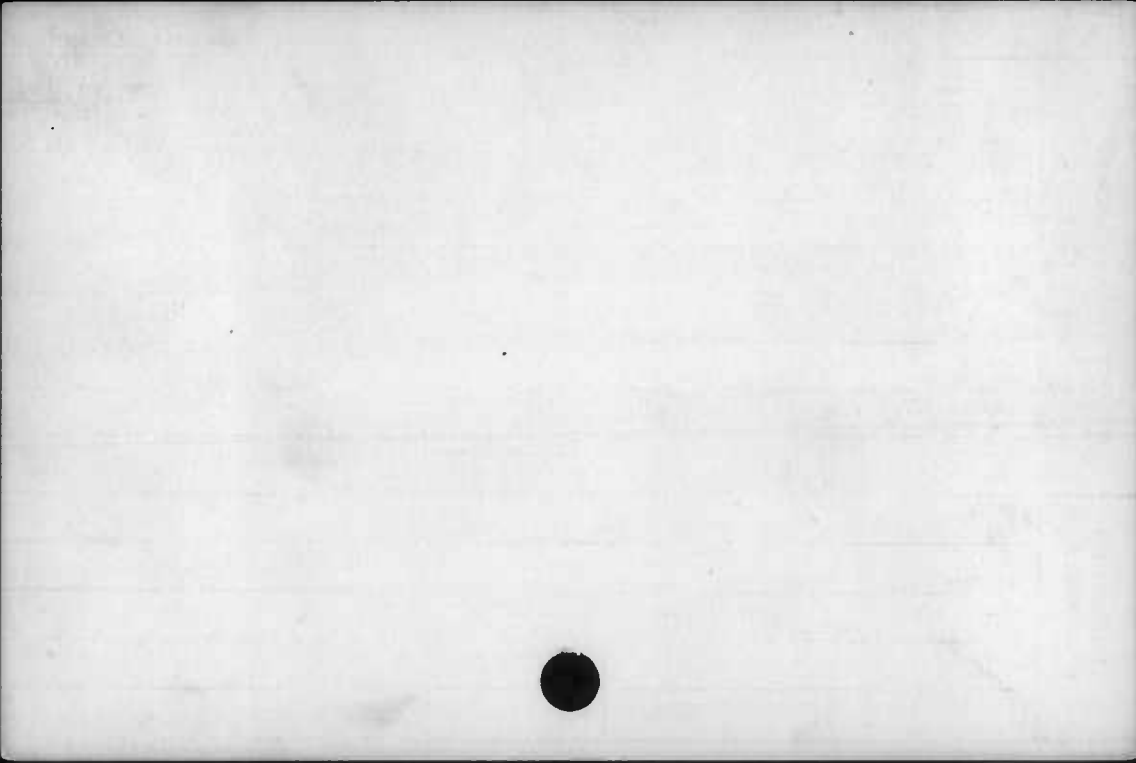
CERTIFICATE OF DEATH

Name in Full <i>Nellie R. Extin</i>		Town <i>Halfway</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Halfway</i>		Month <i>2</i>		Day <i>4</i>		Years <i>30</i>	
Date of death <i>1918</i>		Month <i>2</i>		Day <i>4</i>		Years <i>30</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>		Months <i>2</i>	
Occupation <i>Trained Nurse</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Jacob Extin</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Virginia Startzman</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Jacob Extin</i>		How related to deceased <i>Father</i>					

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Tuberculosis</i>	How long <i>One year</i>
	Immediate _____	How long _____
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Scott</i>
	_____	Address <i>Hagerstown</i>
Accident or Suicide? <i>_____</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Name *James Howard Eyles* Town *Hagerstown* County *Washington*  
 Died at *Hagerstown*  
 Date of death 1900 *2* Month *9* Day *11* Years *8* Months *20* Days  
 Age *11*  
 Sex *Male* Color or Race *White* Birth-place *Md*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

L. M. Watkins

Name  
in  
Full

Joseph Fahrney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>B. Creek</b> Town <b>Wash.</b> County		MARYLAND	
Date of death <b>1900</b>	Month <b>Feb</b>	Day <b>12</b>	Age <b>69</b> Years Months <b>3</b> Days
Sex <b>male</b>	Color or Race <b>white</b>	Birth-place <b>md</b>	
Occupation <b>Farmer</b>	Where Residing if not at place of death <b>B. Creek</b>		
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Jennie Fahrney</b>		
Father's Name <b>Peter Fahrney</b>	Father's Birthplace <b>md</b>		
Mother's Maiden Name <b>Eliz. Emmert</b>	Mother's Birthplace <b>md</b>		
Name of person giving information <b>Clarence Fahrney</b>	How related to deceased <b>Son</b>		

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <b>Apoplexy</b>	How long <b>Instant</b>
Immediate <b>Heart Failure</b>	How long <b>4 hrs</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>S. S. Davis</b>
	Address <b>Boonsboro md</b>
Accident or Suicide?	

Brining of East  
Indutaker



Name  
in  
Full

CERTIFICATE OF DEATH

Edyth Frances Foster  
Town Hagerstown County Washington  
Died at  
Date of death 1960 February 14 Age — Months — Days 1

MARYLAND

Sex Female Color or Race Colored Birth-place Hagerstown  
Occupation — Where Residing if not at place of death 64 W. North st

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Harry Foster

Father's Birthplace Hagerstown

Mother's Maiden Name Edyth Lucilla Simms

Mother's Birthplace Poonaville, Md

Name of person giving Information Harry Foster

How related to deceased Father

CAUSES OF DEATH

Primary Premature

How long 3 mo

Immediate Premature

How long lived 36 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. B. Wilson

Address 243 - N. Main st  
Hagerstown Md.

Accident or Suicide no

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

S. E. Ford.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Jack French* Town *Hagerstown* County *Washington* MARYLAND  
Died at *Hagerstown*  
Date of death 1900 Month *2* Day *25* Age *39* Years Months Days  
Sex *Male* Color or Race *Colored* Birth-place *Na*  
Occupation *Laborer* Where Residing if not at place of death  
Married, Single or Widowed *Married* Name of Wife or Husband *Sarah Tyler*  
Father's Name *Jack French* Father's Birthplace *Na*  
Mother's Maiden Name *No record of* Mother's Birthplace *unknown*  
Name of person giving Information *Sarah French* How related to deceased *Wife*

CAUSES OF DEATH

77

Primary *Pericarditis* How long *3 months*

Immediate *Baquette of penis + Cardiac failure 1 week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Allen B. Wilson*  
*243-N. Jonathan St*  
*Hagerstown Md.*

Accident or Suicide *No.*

PHYSICIAN  
OR CORONER

Dr. McLaughlin  
A. K. Coffman.

Name  
in  
Full

Alga. L. Lemming

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

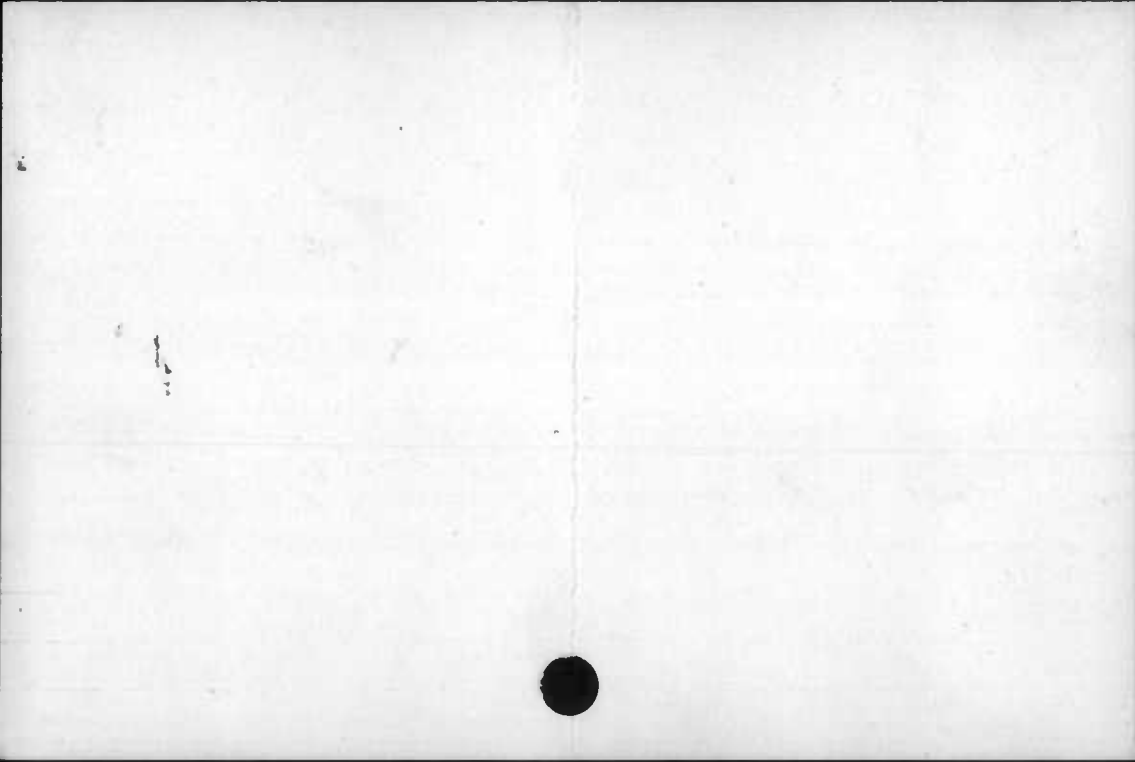
Died at <i>Beards Church</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1960</i>	Month <i>2</i>	Day <i>23</i>	Age <i>2</i>	Months <i>5</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Beards Church</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Beards Church.</i>		
<del>Married, Single or Widowed</del> <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Myrton. Lemming</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Bessie Bowman</i>			Mother's Birthplace <i>Frankfort</i>		
Name of person giving information <i>Bessie Bowman</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary <i>Cerebro Spinal Meningitis</i>	How long <i>3 days.</i>
Immediate <i>Toxemia et Heart failure.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. J. Quinn M.D.</i>
	Address <i>Chewsville Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Alexander Gordon*  
Town *Brownville* County *Washington* MARYLAND

Died at *Brownville* *Washington*

Date of death *1900* Month *2* Day *8* Age *78* Months *2* Days *6*

Sex *Male* Color or Race *White* Birth-place *Va*

Occupation *Laborer* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband *Mary Martin*

Father's Name *Joseph Gordon* Father's Birthplace *Va*

Mother's Maiden Name *Virginia Lakeir* Mother's Birthplace *Va*

Name of person giving Information *Heard Gordon* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Senile Gangrene* How long *4 weeks*

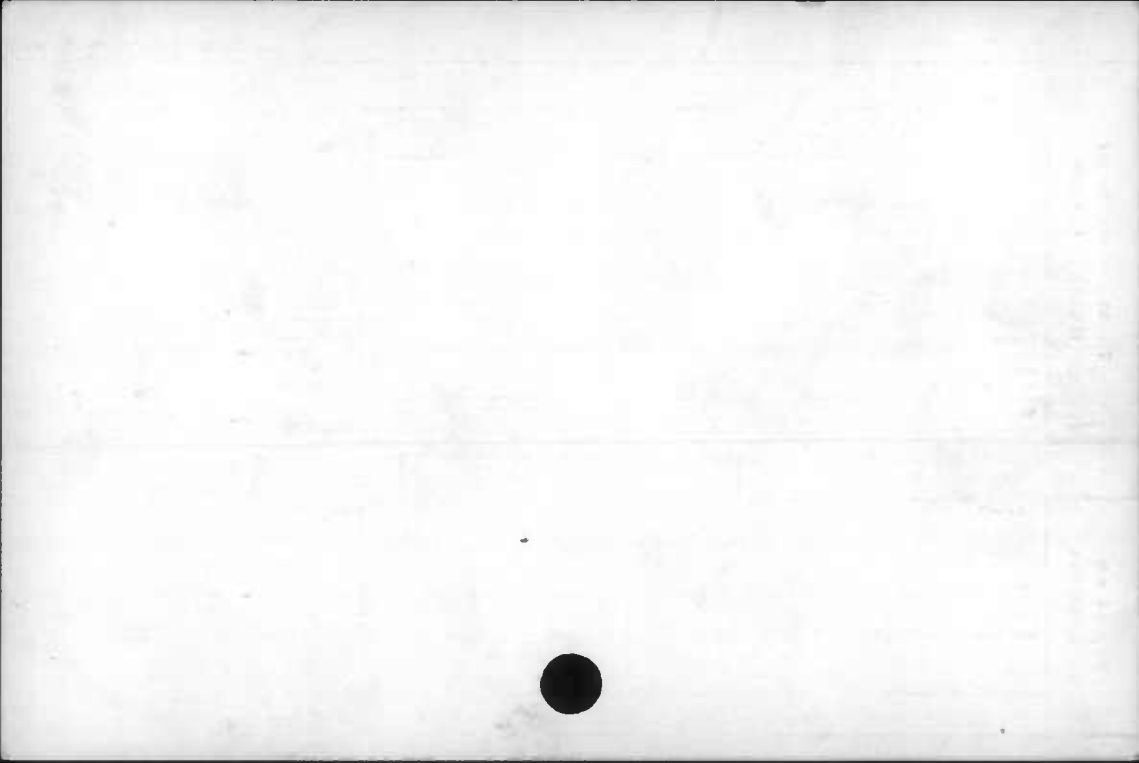
Immediate *Left leg and foot* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. J. Justice*

Address *Brownville Md*

Accident or Suicide *no*





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Shel Born Infant. Graves*

Died at *Naucoc* Town *Washington* County *MARYLAND*

Date of death *1900 Feb.* Month *25* Day *25* Age *Years* Months *Days*

Sex *Male* Color or Race *Colored* Birth-place *Naucoc Md.*

Occupation *None* Where Residing if not at place of death *Died at Home.*

Married, Single or Widowed *Single.* Name of Wife or Husband

Father's Name *Edward Graves.* Father's Birthplace *Wash Co Md*

Mother's Maiden Name *Rosie L Johnson* Mother's Birthplace *" " "*

Name of person giving information *Edward Graves* How related to deceased *Father*

Dr. West.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Asphyxia Neonatorum* How long *Unknown*

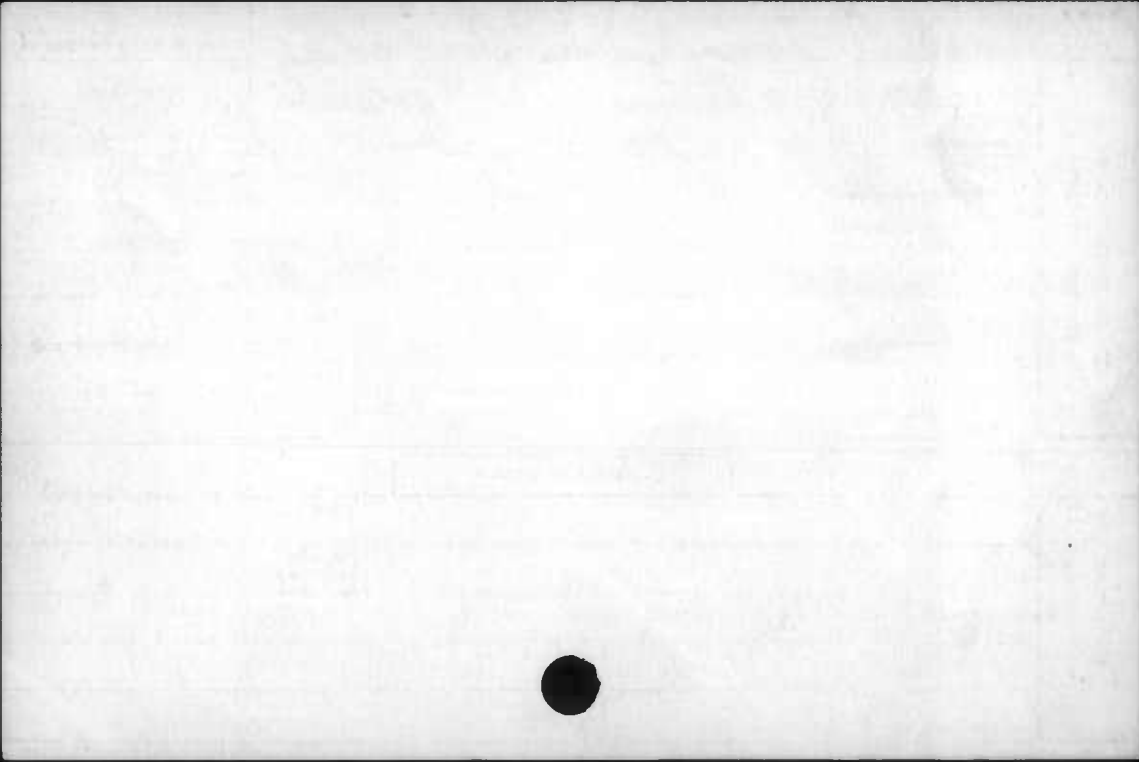
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. L. West*

Address *Naucoc Md*

Accident or Suicide? *No*



Name  
in  
Full

Russell Franklin Griffith

CERTIFICATE OF DEATH

Died at

Hagerstown

Town

County

Wash.

MARYLAND

Date

of death 1980

Month

2

Day

12

Age

Years

Months

10

Days

28

Sex  
Occupation

male

Color or  
Race

white

Birth-  
place

Md.

Where Residing if not  
at place of deathMarried, Single  
or Widowed

single

Name of Wife or  
HusbandFather's  
Name

Russell Griffith

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Rhoda Gearhart

Mother's  
Birthplace

Pa

Name of person giving  
Information

Russell Griffith

How related  
to deceased

father

CAUSES OF DEATH

95

Primary

Acute cold, with congestion lungs

How long

one max

Immediate

Adenoma of lung

How long

12 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

O.W. Ragun  
Hagerstown Md

Accident or Suicide

no

OFFICE SUPPLY CO. 2364

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

E. M. Suter my Son

MAILED  
JAN 10 1900  
U. S. DEPT. OF AGRICULTURE



Name  
in  
Full

Sarah Susan Parks Hays

CERTIFICATE OF DEATH

Died at

Hagerstown

Town

County

Wash

MARYLAND

Date

of death

1960

Month

2

Day

5

Age

Years

70

Months

5

Days

22

Sex

Female

Color or  
Race

White

Birth-  
place

Va

Occupation

H. W.

Where Residing if not  
at place of death

Married, Single  
or Widowed

widow

Name of ~~Wife or~~  
Husband

William W. Hays.

Father's  
Name

Martin Phillips Parks

Father's  
Birthplace

Pa.

Mother's  
Maiden Name

Georgianna Clark

Mother's  
Birthplace

Va.

Name of person giving  
Information

Mrs J. B. Kieffer

How related  
to deceased

daughter.

CAUSES OF DEATH

Primary

Surgical Operation Gall stone

How long

1 day

Immediate

Enema poisoning

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. D. Stapp  
Hagerstown  
Md.

Accident or Suicide

M

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sam. Suter & Son

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Date

Month

Day

Age

Years

Months

Days

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

Chas. S. Wade  
undertaker

---



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

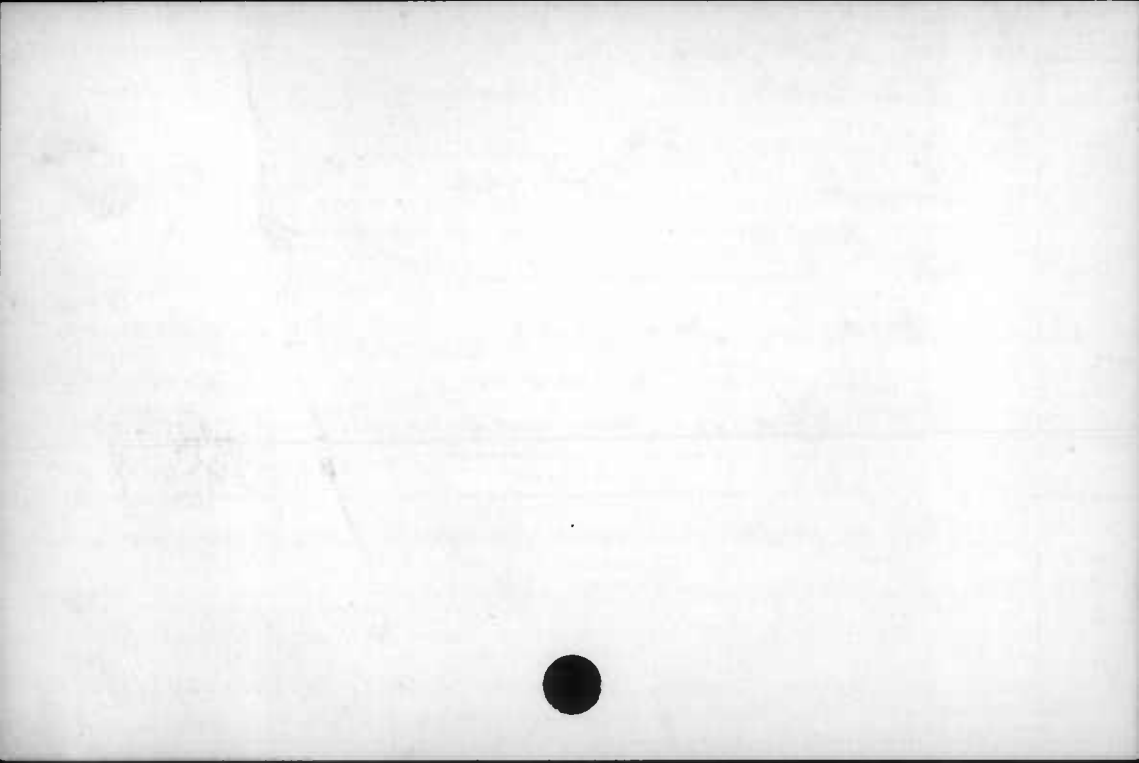
Died at <i>Breathedsville</i> <sup>Town</sup> <i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1960</i>	Month <i>2</i>	Day <i>4</i>	Years <i>80</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>	Months <i>6</i> Days <i>11</i>
Occupation <i>House work</i>	Where Residing if not at place of death <i>C</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Orsby Hildebrand</i>		
Father's Name <i>Jacob Funk</i>	Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Susan Maunty</i>	Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>William Hildebrand</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

134

PHYSICIAN  
OR CORONER

Primary <i>General Debility</i>	How long <i>Several years</i>
Immediate <i>Cardiac Asthena</i>	How long <i>about a year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. Harold ...</i>
	Address <i>Springfield MD</i>



Name  
in  
Full

Mary Holmes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>in</i> <i>Reek</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 19 <i>80</i>	Month <i>February</i>	Day <i>26</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>in Reek</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles Holmes</i>			Father's Birthplace <i>Shepherdstown W. Va</i>		
Mother's Maiden Name <i>Elizabeth Onealey</i>			Mother's Birthplace <i>Wucheston W. Va</i>		
Name of person giving information <i>Charles Holmes</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Choked from phlim in throat.</i>	How long <i>momentary</i>
Immediate <i>Strangulation.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No. Doctor present, on in attendance</i>
<i>Yes</i>	Addess <i>J. C. Hershberger, J. P. and</i>
Accident or Suicide? <i>No</i>	<i>Sub Register Local Board of Health</i>

Williamsport, Md. Feb., 28<sup>th</sup> 1910.  
interred in Kinerview Cemetery by  
J. H. Krups. Undertaker.

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Name  
In Full

Adeline Horine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

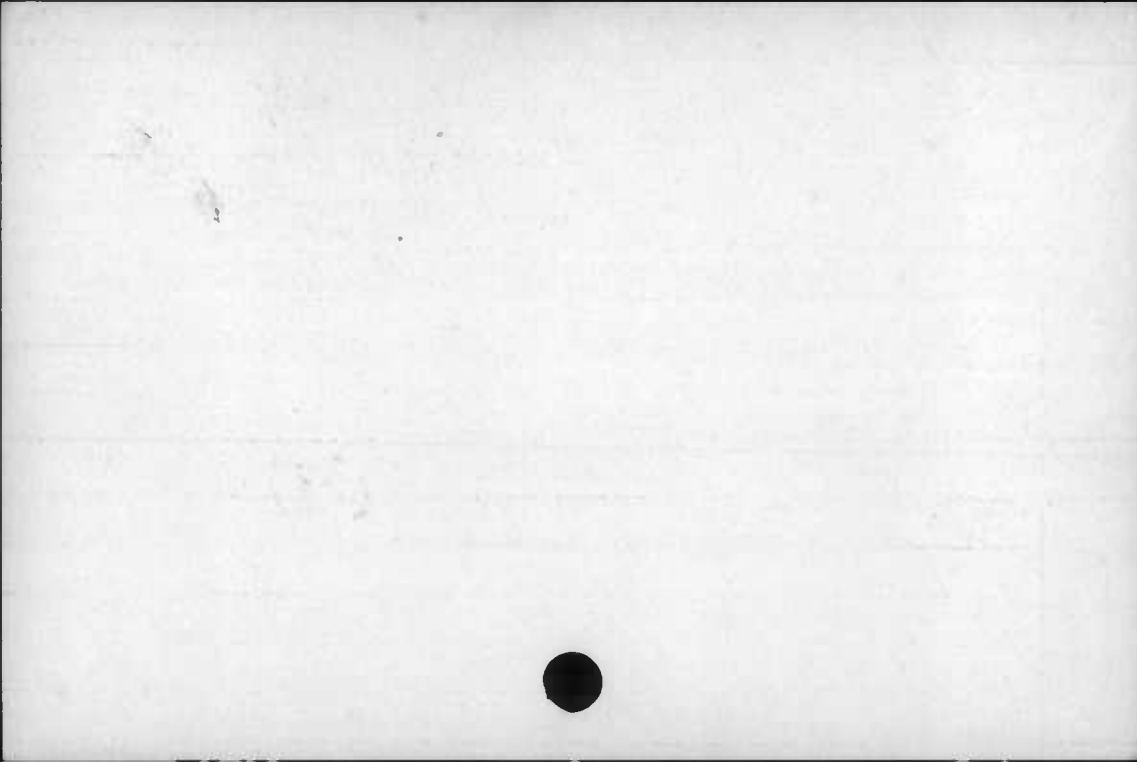
Died at <i>Benevola</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1980</i>	Month <i>Feb</i>	Day <i>15<sup>th</sup></i>	Years <i>82</i>	Months <i>2</i>	Days <i>23</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>House wife</i>			Where Residing if not at place of death _____				
Married, Single or Widowed <i>Widow</i>		Name of <del>Wife</del> or Husband <i>Washington Horine</i>					
Father's Name <i>Benjamin Harbaugh</i>				Father's Birthplace <i>Ind -</i>			
Mother's Maiden Name <i>Sarah Eyster</i>				Mother's Birthplace <i>Ind -</i>			
Name of person giving information <i>Clayton Horine</i>				How related to deceased <i>Son -</i>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Calcular Disease Heart -</i>	How long <i>4 yrs -</i>
Immediate <i>General Aneurysm</i>	How long <i>5 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. C. Wheeler M.D.</i>
	Address <i>Bonsford Washington Co -</i>
Accident or Suicide?	



Name  
in  
Full

Rudolph. Hull,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at North Mountain, Berkley County West Va **MARYLAND**  
 Date of death 1960 Feb, 9 Age 77 Months 8 Days 23  
 Sex Male Color or Race White Birth-place Maryland  
 Occupation Farmer Where Residing if not at place of death  
 Married, Single or Widowed Widowed Name of Wife or Husband Ellen, Hull  
 Father's Name Rudolph, Hull Father's Birthplace Wash. Co, Md.  
 Mother's Maiden Name Ellen, Hull, formerly Ellen Blum Mother's Birthplace Berkley Co, West Va  
 Name of person giving Information Jacob, Hull How related to deceased Son

79

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Heart Trouble & Dapsey How long 2 months  
 Immediate  
 Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician Dr. Ward, West Va  
 Address Berkley Co, West Va  
 Accident or Suicide

10/10/10  
10/10/10  
10/10/10





Name  
in  
Full

Glossie E. Ingram

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> near *Borgan*<sup>County</sup> *Nashington*

MARYLAND

Date  
of death *1960*<sup>Month</sup> *Feb*<sup>Day</sup> *8*Age <sup>Years</sup> *11*<sup>Months</sup> *1*<sup>Days</sup> *22*Sex *Female*Color or  
Race *White*Birth-  
place *Borgan*Occupation *None*Where Residing if not  
at place of death *\_\_\_\_\_*Married, Single  
or Widowed *Single*Name of Wife or  
Husband *\_\_\_\_\_*Father's  
Name *Harrison R. Ingram*Father's  
Birthplace *Borgan Md*Mother's  
Maiden Name *Annie B. Montgomery*Mother's  
Birthplace *Michigan*Name of person giving  
In formation *Harrison R. Ingram*How related  
to deceased *Father*

## CAUSES OF DEATH

Primary *Diphtheria*<sup>How long</sup> *7 days*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*E. W. Guroth*  
*Plumpton, Ind.*

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Chas. S. Wade  
undertaker

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mar Berminia Jenkins</i>		Town <i>Red Bank</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Red Bank</i>		Month <i>Feb.</i>		Day <i>25</i>		Age <i>14</i>	
Date of death <i>1907</i>		Month <i>Feb.</i>		Day <i>25</i>		Age <i>14</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cedarville Va</i>		Months <i>10</i>	
Occupation <i>Housework</i>		Where Residing if not at place of death		Days <i>13</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Wm. Jenkins</i>		Father's Birthplace <i>Shandorh Va</i>					
Mother's Maiden Name <i>Ratie Vaughan</i>		Mother's Birthplace <i>Devoston Va</i>					
Name of person giving information <i>J. A. Hodges</i>		How related to deceased					

## CAUSES OF DEATH

How long

How long

PHYSICIAN  
OR CORONER

Primary

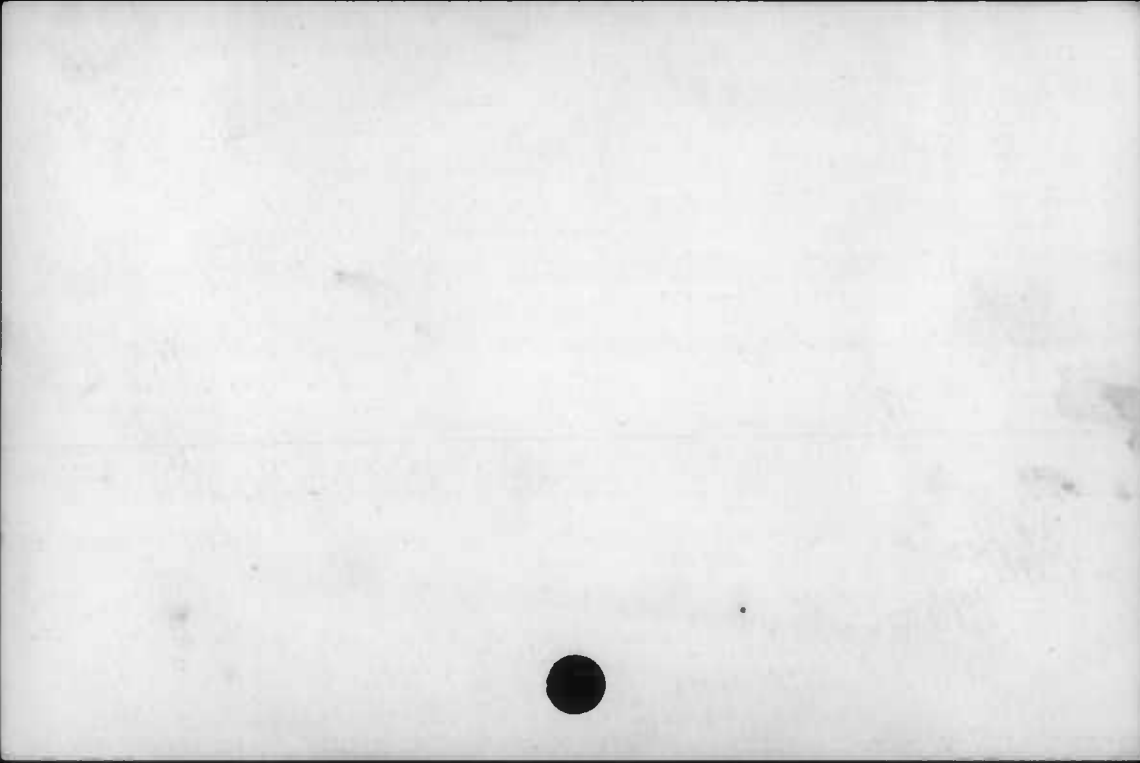
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

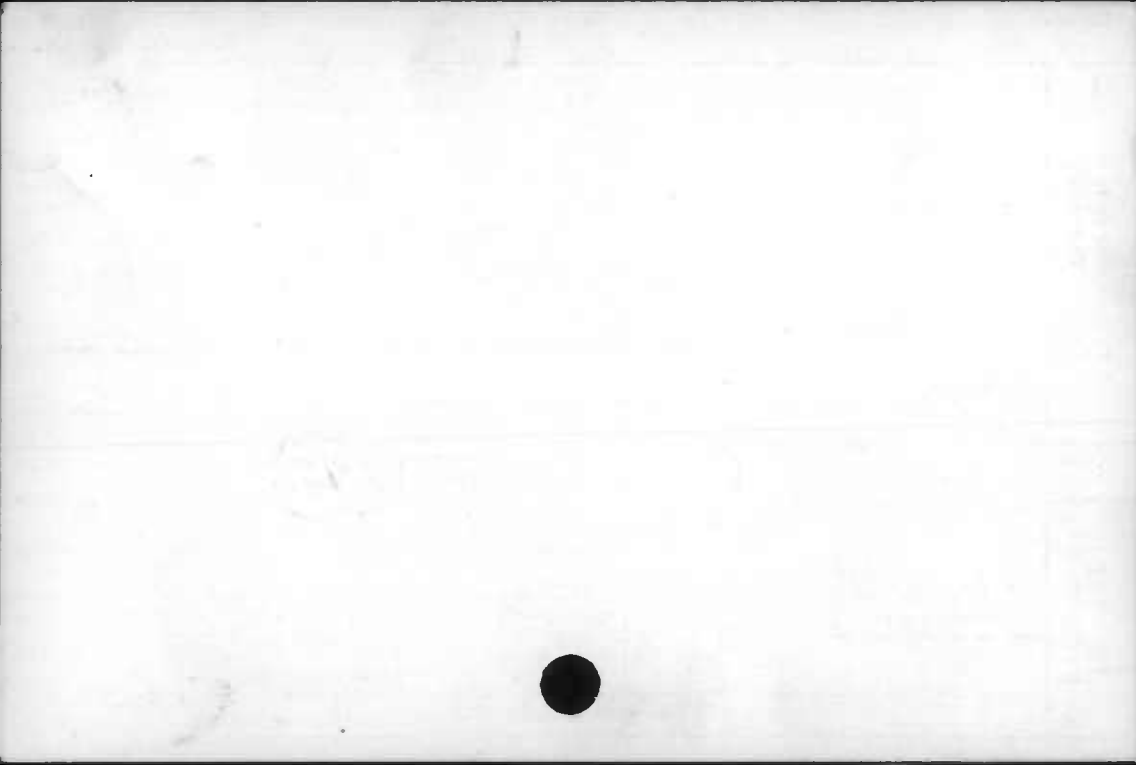
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		2	4	50		1	20
Sex	Female	Color or Race	White	Birth-place	Md		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband	Christian Kaczal		
Father's Name	Perry Michael			Father's Birthplace	Md		
Mother's Maiden Name	Elizabeth Kenney			Mother's Birthplace	" "		
Name of person giving Information	M.A. Youngkins			How related to deceased	Nephew		

## CAUSES OF DEATH

Primary	Cardiac Dropsy	How long	2 months
Immediate	Acute Indigestion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Address	
J. T. Justice		Broomville, Md	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Sybil Virginia / Eagle  
Town County

MARYLAND

Died at Hagerstown Washington

Date of death 1900 2 1 Age 4 27  
Month Day Years Months Days

Sex Female Color or Race White Birth-place Md

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Edward / Eagle Father's Birthplace Md

Mother's Maiden Name Zululu M Smellwood Mother's Birthplace Md

Name of person giving Information " " " How related to deceased Mother

CAUSES OF DEATH

Primary Gastro Enteritis - 105 3 weeks  
How long

Immediate Gastro Enteritis - How long " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Vickie Miller

Address 1405 wa.

Accident or Suicide no

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORNER

J. M. Watkins



Name  
in  
Full

Harmon I Krantz

## CERTIFICATE OF DEATH

Died at Eakles Mills Town Washington County MARYLAND

Date of death 1940 Month 2 Day 20 Age 57 Years — Months — Days —

Sex Male Color or Race Not Colored Birth-place Eakles Mills

Occupation Laborer Where Residing if not at place of death —

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Zacharias Krantz

Father's  
Birthplace

Eakles Mills

Mother's  
Maiden Name

Caroline Calaman

Mother's  
Birthplace

Eakles Mills

Name of person giving  
Information

Robert I. Krantz

How related  
to deceased

Grand Son

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

2 years

Immediate

Heart Complication

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Richard H. Rice M.D.  
Needy'sville  
Md

Accident or Suicida

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

L E Simpson

Name  
in  
Full

Amelia Kendall

## CERTIFICATE OF DEATH

Died at Stagertown <sup>Town</sup> Washington <sup>County</sup> MARYLAND

Date of death 1980 <sup>Month</sup> 2 <sup>Day</sup> 13 <sup>Age</sup> 73 <sup>Years</sup> 10 <sup>Months</sup> 3 <sup>Days</sup>

Sex Female Color or Race White Birth-place Md.

Occupation Housework Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandWhere Residing if not  
at place of deathFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORNER

H. K. Coffman.

Coffman H.  
Lalene

Washington

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Minnamed Child

County

MARYLAND

Died at Hagerstown

Washington

Date  
of death 1900

Month

2

Day

5-

Age

Years

Months

Days

4

Sex

Male

Color or  
Race

White

Birth-  
place

md

Occupation

Child

Where Residing if not  
at place of death

C

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

---

Father's  
Name

Robert D. Kippler

Father's  
Birthplace

md

Mother's  
Maiden Name

Catharine S. Wise

Mother's  
Birthplace

md

Name of person giving  
Information

Robert Kippler

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Slow Delivery

How long

4 days

Immediate

Exhaustion

How long

1 hour

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

F. N. Hoffmeier  
Hagerstown, Md

Accident or Suicide

No

PHYSICIAN  
OR CORNER

to Slattery

Mr. Coffman

Per Mer

Mr. Coffman

Name  
in  
FullStella May Pershner  
Wilson Dist- Wash County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1900

Month

Feb

Day

11

Age

Years

15

Months

3

Days

21

Sex

Female

Color or  
Race

White

Birth-  
place

Pennsylvania

Occupation

At-Home

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

S. D. Pershner

Father's  
Birthplace

Va

Mother's  
Maiden Name

Minnie Dickerhoff

Mother's  
Birthplace

Md

Name of person giving  
Information

S. D. Pershner

How related  
to deceased

Father

## CAUSES OF DEATH

137

Primary

Puerperal Infection

How long

Six days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

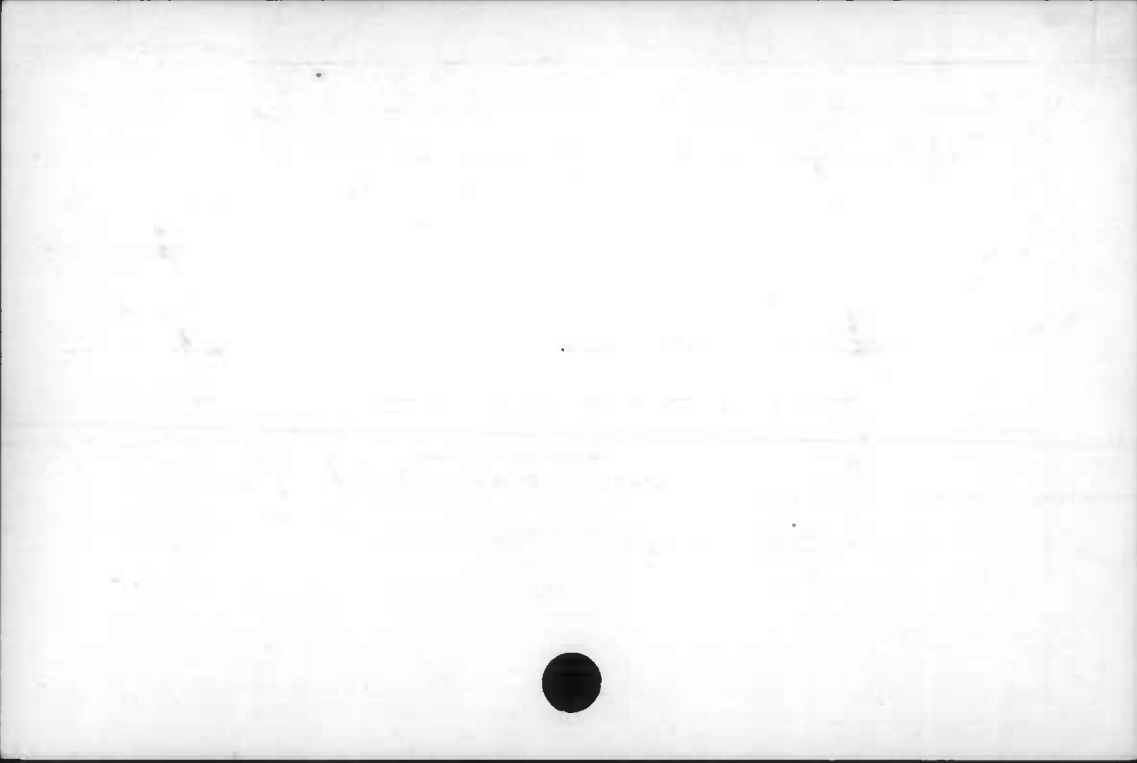
yes

Signature of  
PhysicianTheo Brouse  
Clear Spring, Md.

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Refus. King*  
Town *Hagerstown*

County *Wash.*

MARYLAND

Died at  
Date of death *1980* Month *2* Day *3*

Age *82* Years Months *9* Days *7*

Sex *male*

Color or  
Race

*white*

Birth-  
place

*Ind.*

Occupation

*Printer*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*single*

Name of Wife or  
Husband

*Y*

Father's  
Name

*Daniel King*

Father's  
Birthplace

*Unknown*

Mother's  
Maiden Name

*Catherine Young*

Mother's  
Birthplace

*Unknown*

Name of person giving  
Information

*Catherine King*

How related  
to deceased

*sister*

CAUSES OF DEATH

*81*

Primary

*Smiling with General Arterio-sclerosis*

How long

Immediate

*Cardiac Failure*

How long

*4 days*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

*J. M. Longman*

Address

*Hagerstown Ind*

PHYSICIAN  
OR CORONER

Accident or Suicide

*No*

E.M. Suter & Son

Name  
in  
Full

Roland C. Scapole

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Tillietown</u> <sup>town</sup>		<u>Wash.</u> <sup>County</sup>		MARYLAND	
Date of death	19 <u>60</u> <sup>Month</sup> <u>Feb.</u> <sup>Day</sup> <u>22</u> <sup>Age</sup> <u>1</u> <sup>Years</sup> <u>—</u> <sup>Months</sup> <u>—</u> <sup>Days</sup> <u>1</u>	Sex	<u>Male</u>	Color or Race	<u>White</u>
Occupation	<u>None</u>	Birth-place	<u>Tillietown</u>		
Where Residing if not at place of death		<u>Tillietown</u>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Harry Scapole</u>		Father's Birthplace	
Mother's Maiden Name		<u>May Moser</u>		Mother's Birthplace	
Name of person giving information		<u>Walter Scapole</u>		How related to deceased	
				<u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>Three weeks</u>
Immediate	<u>Heart fail</u>	How long	<u>Instant</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>S. S. Davis</u>	
		Address	
		<u>Brownford</u>	
		<u>Wd</u>	
Accident or Suicide?			

(93)

Burning & Bait  
Under the trees.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

unmarried Child Mark  
Died at Hagerstown Washington County MARYLAND  
Date of death 1908 2 Month 21 Day Age — Years Months — Days —  
Sex Female Color or Race White Birth-place Md  
Occupation — Where Residing if not at place of death —

~~Married, Single~~ Married Name of Wife or —  
~~Widow~~ — Husband  
Father's Name Charles S Mark Father's Birthplace Pa  
Mother's Maiden Name Blanche Shultz Mother's Birthplace Pa  
Name of person giving Information W Samuel How related to deceased Grandfather

CAUSES OF DEATH

Primary Prolonged labor 151 How long 12 hrs  
Immediate .. How long ..

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Wm Miller  
Hagerstown

Accident or Suicide

PHYSICIAN  
OR CORONER

~~Leffman~~  
Rose Hill

A. K. Leffman

10-11-1904  
10-11-1904



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Henrietta Martin

Town

County

MARYLAND

Died at Hagerstown

Wash.

Date

of death 1910.

Month

2

Day

27

Age

Years

60

Months

8

Days

3

Sex

female

Color or  
Race

white

Birth-  
place

Md.

Occupation

H. W.

Where Residing if not  
at place of death

Married, Single  
or Widowed

married

Name of ~~Wife~~  
Husband

David Martin

Father's  
Name

Henry Hann

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Mary Rider

Mother's  
Birthplace

Md.

Name of person giving  
Information

H. E. Martin

How related  
to deceased

son

CAUSES OF DEATH

Primary

Empyema (Fistula External)

How long

10 yrs.

Immediate

Tuberculosis Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

M. M. Momoon

Address

Hagerstown Md.

Accident or Suicide

No

PHYSICIAN  
OR CORONER

L.M. Suter and Son



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Peter Miller*  
 Disd at *Pleasant-Valley* Town *Washington* County **MARYLAND**  
 Date of death 19*10* Month *Feb* Day *23* Age *65* Years Months *1* Days *12*  
 Sex *Male* Color or Race *White* Birth-place *Near Sabillasville*  
 Occupation *Farmer* Where Residing if not at place of death *Pleasant-Valley*  
 Married, ~~Single~~ *as Widowed* Name of Wife or Husband *Susan Rebecca Harbaugh*  
 Father's Name *William Miller* Father's Birthplace *Unknown*  
 Mother's Maiden Name *Leah Whitmer* Mother's Birthplace *Unknown*  
 Name of person giving Information *Susan Rebecca Miller* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Intestinal Tuberculosis* How long *29* *30* *One Year*  
 Immediate *"* *"* How long *"* *"*

Are the name, age, sex, color, date and place correctly given above?

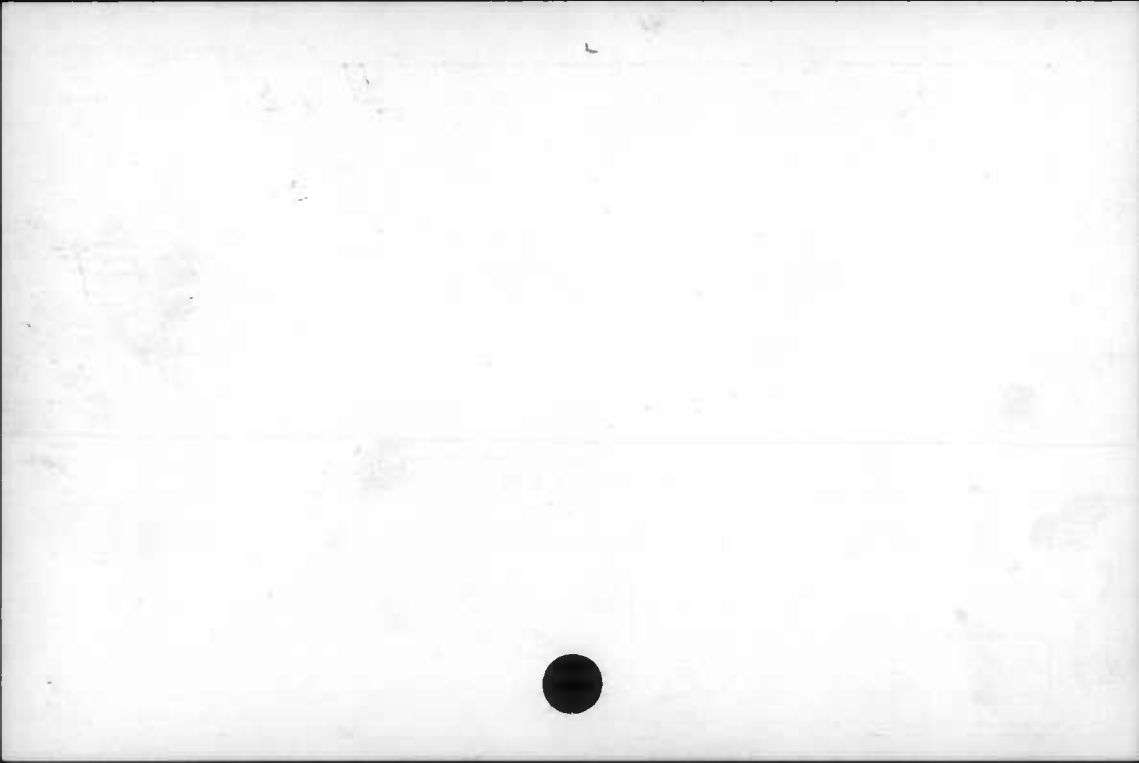
*Yes.*

Signature of Physician

Address

*Dr Joz. Prohman*  
*Smithsburg*  
*Md.*

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

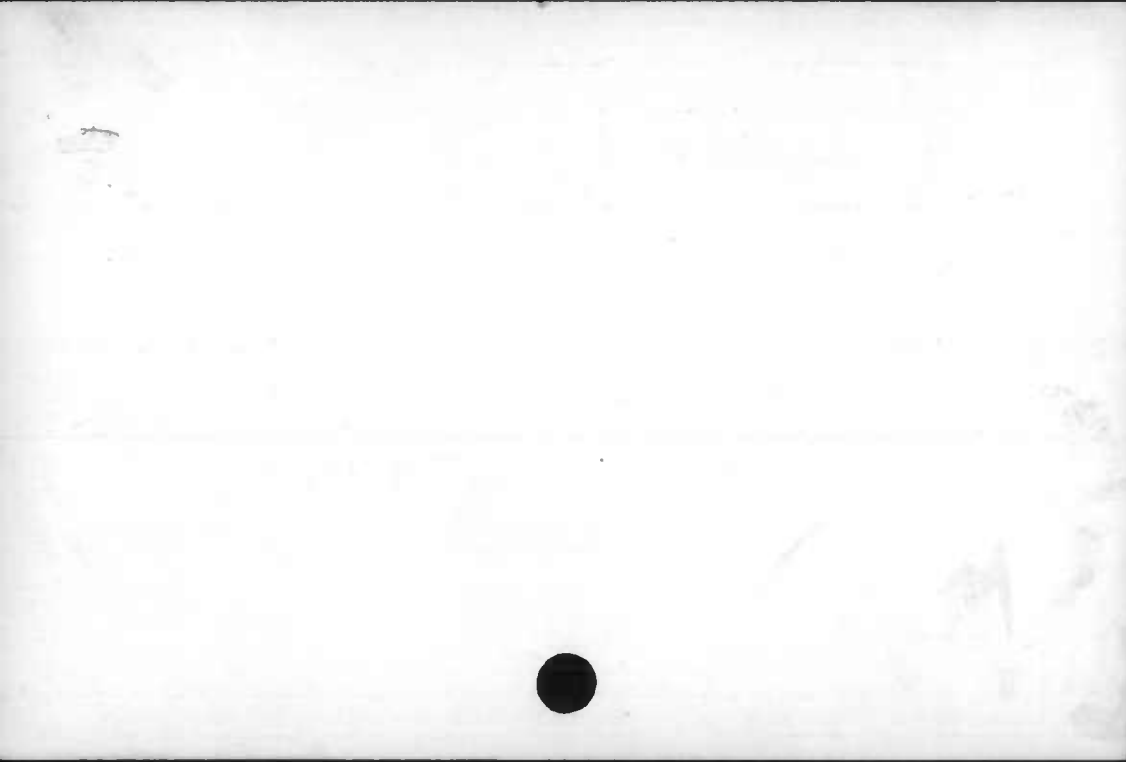
Died at		Town <u>Pearre</u>		County <u>Washington</u>		MARYLAND	
Date of death		19 <u>10</u>	Month <u>Feb</u>	Day <u>27</u>	Age <u>14</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Pearre</u>			
Occupation <u>Infant</u>		Where Residing if not at place of death <u>Pearre</u>					
<del>Married</del> Single <u>—</u>		<del>Name of Wife or</del> <u>—</u>		<del>Husband</del> <u>—</u>			
Father's Name <u>Silas Miller</u>		Father's Birthplace <u>Beeford Co.,</u>					
Mother's Maiden Name <u>Maggie Norris</u>		Mother's Birthplace <u>Pearre</u>					
Name of person giving Information <u>Chas R. Trail</u>		How related to deceased <u>Uncle related</u>					

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<u>Malnutrition</u>	How long	<u>2 weeks</u>
Immediate	<u>collapse</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. E. Tabber, M.D.</u>	
		Address <u>Hancock, Md.</u>	
Accident or Suicide			



Name  
in  
Full

CERTIFICATE OF DEATH

Frederick W. Minerbraker

Town

County

MARYLAND

Died at near Hagerstown

Wash.

Date

of death 1940

Month

2

Day

22

Age

Years

68

Months

7

Days

13

Sex

male

Color or  
Race

white

Birth-  
place

md

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

widower

Name of Wife or  
Husband

Annie Minerbraker

Father's  
Name

John H. Minerbraker

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Barbara A. Horn

Mother's  
Birthplace

Germany

Name of person giving  
Information

Elizabeth Minerbraker

How related  
to deceased

daughter

CAUSES OF DEATH

Primary

Sarcocoma Left Thorax

How long

Several months

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. W. Scott  
Hagerstown

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

E. M. Sinter & Son

Name  
in  
Full

## CERTIFICATE OF DEATH

Thomas F. Morgan

Town

Sharpsburg

County

Washington

MARYLAND

Died at

Date

1900

Month

Feb

Day

19

Age

59

Months

7

Days

15

Sex

Male

Color or  
Race

White

Birth-  
place

Pilghmantou

Occupation

Shoemaker

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Margaret Morgan

Father's  
Name

Denis Morgan

Father's  
Birthplace

Pilghmantou

Mother's  
Maiden Name

Elizabeth Jones

Mother's  
Birthplace

near Brownsboro

Name of person giving  
information

Clarence L. Morgan

How related  
to deceased

Son.

## CAUSES OF DEATH

112

Primary

Cirrhosis of Liver

How long

About 2 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

J. Howell Gardner

Address

Sharpsburg

Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Chas. S. Wade  
undertaker



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *John B Moore* Town *Stagustown* County *Washington*

Died at *Stagustown* *Washington*

Date of death 19*60* Month *2* Day *4* Age *58* Years Months *6* Days *2*

Sex *Male* Color or Race *White* Birth-place *md*

Occupation *Farmer* Where Residing if not at place of death *md*

Married, Single or Widowed *Married* Name of Wife or Husband *Amanda Moore*

Father's Name *Hamilton Moore* Father's Birthplace *md*

Mother's Maiden Name *Christanna Funk* Mother's Birthplace *md*

Name of person giving Information *Amanda Moore* How related to deceased *Wife*

## CAUSES OF DEATH

10

V

PHYSICIAN  
OR CORONER

Primary *Influenza - Lobar Pneumonia.* How long *7 days -*

Immediate *Heart Attack* How long *" "*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John Smiley, Jr.* Address *Hager, Md*

Accident or Suicide *No*

Coffman  
Rose Hill

to Miller

A. K. Coffman

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary Ann Myers*  
Town *Hagerstown* County *Washington*

MARYLAND

Died at *Hagerstown* Month *2* Day *6* Age *74* Years *11* Months *1* Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *House work* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *John Myers*

Father's Name *Jacob Summers* Father's Birthplace *Ind*

Mother's Maiden Name *Anna Kirk* Mother's Birthplace *Germany*

Name of person giving Information *Harvey Myers* How related to deceased *Son*

CAUSES OF DEATH

*10*

Primary *Grippe* How long *2 days*

Immediate *Exhaustion* How long *2 or 3 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *F. H. Hoffmeier*

Address *179 W. Wash St  
Hagerstown Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER

Coffman

Summers by  
yard

A. K. Coffman

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

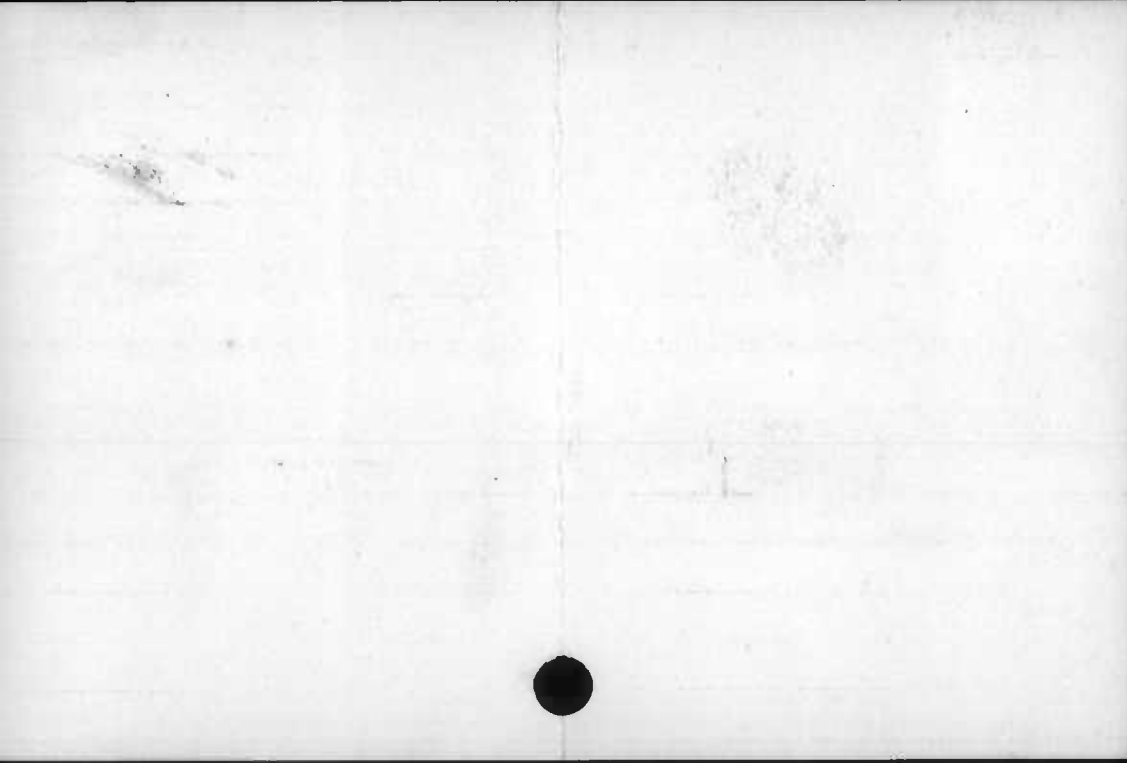
Died at <i>Beaver Creek</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death	<i>1910</i>	Month <i>Jan</i>	Day <i>2</i>	Age <i>80</i>	Years	Months <i>1</i>	Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
<del>Married, Single or Widowed</del> <i>Widowed</i>		Name of Wife or Husband <i>John H Newcomer (deceased)</i>					
Father's Name <i>Jas. W. Heeler</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Annie Heeler</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Fred W Newcomer</i>			How related to deceased <i>Son</i>				

## CAUSES OF DEATH

154 ✓

PHYSICIAN  
OR CORONER

Primary <i>Infirmities of age</i>	How long <i>asthenia</i>
Immediate <i>Uræmia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. H. Quinn</i>
	Address <i>Chesville Md</i>
Accident or Suicide?	



Name  
in  
Full

Gideon Norman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bellevue Town Washington County MARYLAND  
Date of death 1960 Month Feb. Day 20 Age 80 Years Months Days  
Sex Male Color or Race White Birth-place Page Co. Va.  
Occupation Laborer Where Residing if not at place of death Pondsville  
Married, Single or Widowed Widower Name of Wife or Husband Sarah Norman  
Father's Name Benjamin Norman Father's Birthplace Virginia  
Mother's Maiden Name Not known Mother's Birthplace Not known  
Name of person giving Information Elvin Norman How related to deceased Son

CAUSES OF DEATH

Primary Chronic Bright's disease How long 6 months  
Immediate Chronic Bright's disease How long 6 months  
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Dr. M. S. Kefauver

Smethsburg

Maryland

Accident or Suicide

PHYSICIAN  
OR CORNER

S. K. Loman



Name  
in  
Full

Miss Mattie Parks

CERTIFICATE OF DEATH

Died at *Hagerstown* *Wash* *MARYLAND*

Date of death 1901 *2* *10* Age *65* *8*

Sex *Female* Color or Race *white* Birth-place *Va*

Occupation *Lady of Leisure* Where Residing if not at place of death

Married, Single or Widowed *single* Name of W. fe or Husband

Father's Name *Martin Phillips Parks*

Father's Birthplace *Pa.*

Mother's Maiden Name *Georgianna Clark*

Mother's Birthplace *Va.*

Name of person giving Information *Miss Helen Hays*

How related to deceased *niece*

CAUSES OF DEATH

Primary *Bronchitis*

How long *4 wks*

Immediate *Exhaustion*

How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*A. J. Finner*  
*Hagerstown*  
*Md.*

Accident or Suicide

*No*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

E. M. Sinker and son

Name  
in  
Full

CERTIFICATE OF DEATH

Mrs Nellie G. Paul

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington

MARYLAND

Date of death 1960 <sup>Month</sup> 2 <sup>Day</sup> 22 <sup>Age</sup> <sup>Years</sup> 28 <sup>Months</sup> 7 <sup>Days</sup> 18

Sex female Color or Race white Birth-place Md.

Occupation H. W. Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Frank A. Paul

Father's Name Samuel Delrow Father's Birthplace Md.

Mother's Maiden Name Jennie Tasuachit Mother's Birthplace Md.

Name of person giving Information Samuel Delrow How related to deceased father.

CAUSES OF DEATH

Primary General Tuberculosis How long 27 mos.

Immediate Exhaustion with Cardiac Failure How long 1 mo.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M. W. G. [Signature]

Address Hagerstown Md.

Accident or Suicide No

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

E. M. Suter and Son

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Josephine. Dec 16.

Town Hancock County Washington

Died at

Date of death 1900 Month Feb Day 3 Age Years Months Days 7

Sex Female Color or Race White Birthplace Hancock Md.

Occupation None Where Residing if not at place of death Died at Home.

Married, Single or Widowed Single Name of Wife or Husband

Father's Name John Dec 16. Father's Birthplace Franklin Co.

Mother's Maiden Name Minna Bootman Mother's Birthplace Hancock Md.

Name of person giving information John Dec 16. How related to deceased Father

Dr. Stigers

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Intubation

How long

4 Lys

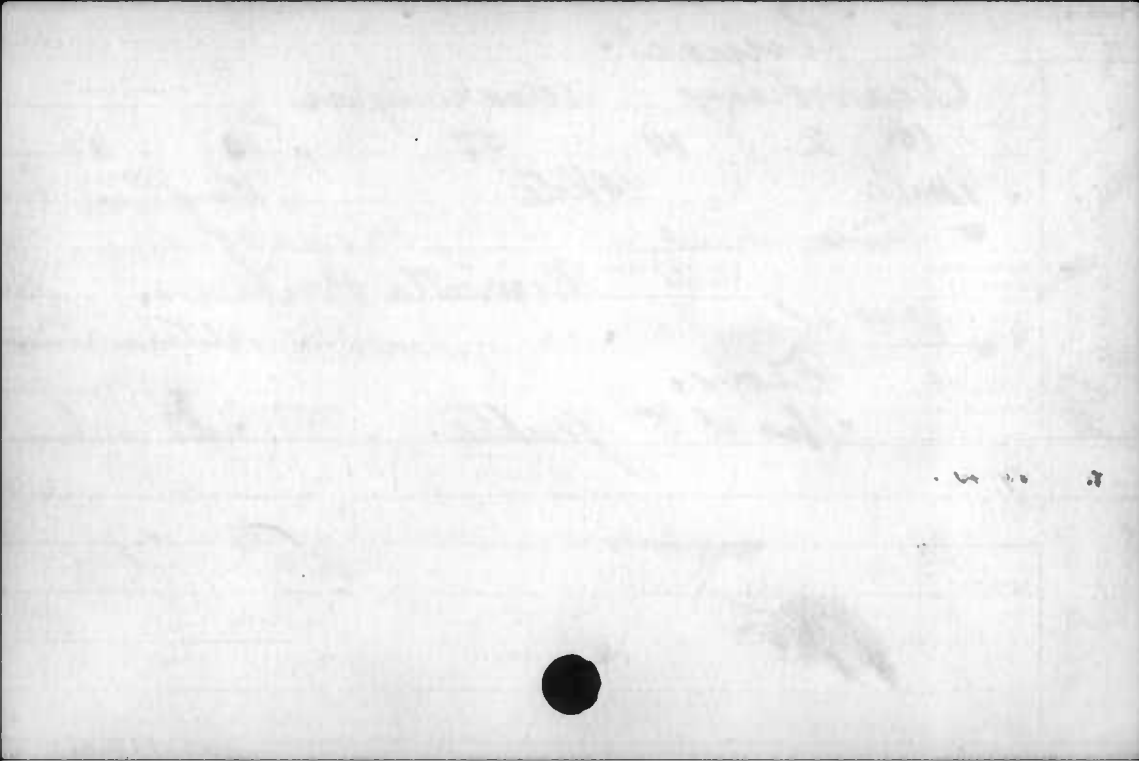
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Levi Penner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

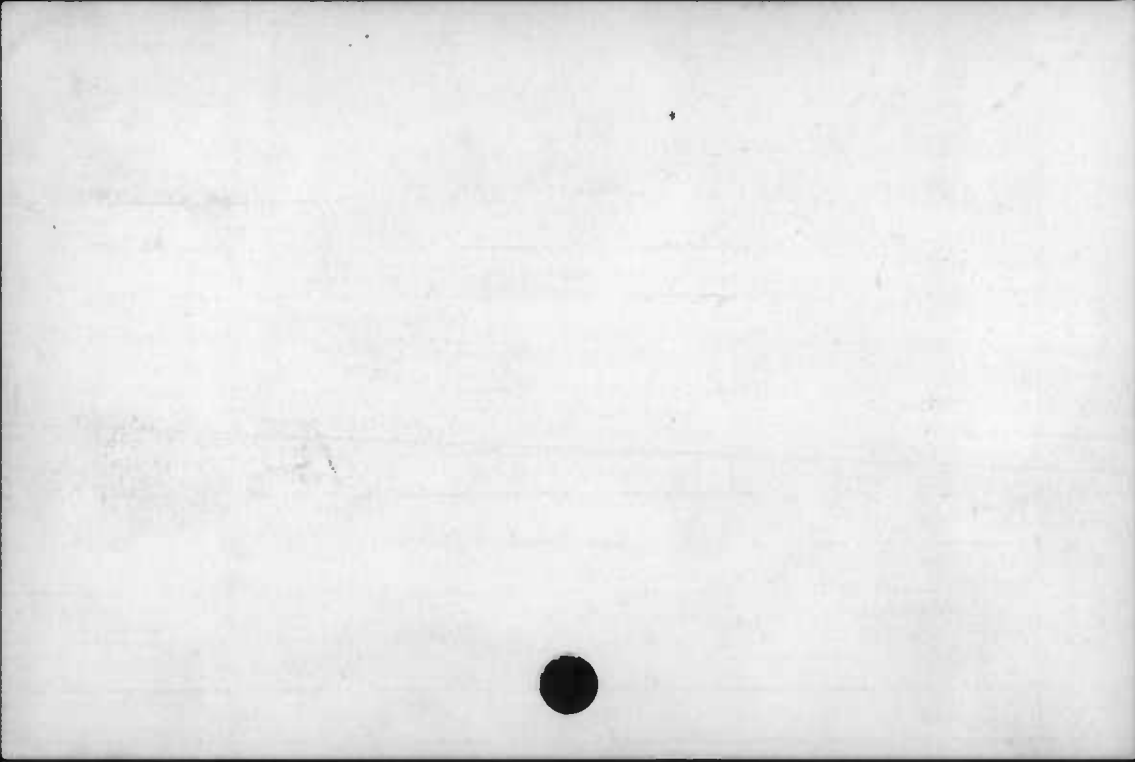
Died at <i>Clearspring</i>		Town		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death <i>1900</i>	Month <i>2</i>	Day <i>14</i>	Age <i>57</i>	Years	Months <i>10</i>	Days <i>27</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Turner hand</i>			Where Residing if not at place of death <i>Clearspring</i>				
<del>Married</del> <i>Single</i>			Name of Wife or <del>Husband</del> <i>Henrietta Bartles.</i>				
Father's Name <i>Wm Penner</i>			Father's Birthplace <i>indian Spring</i>				
Mother's Maiden Name <i>Flory</i>			Mother's Birthplace				
Name of person giving information <i>Mrs Wm Yeakle</i>			How related to deceased <i>Sister in Law</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Angioid Disease of Kidney.</i>	How long	<i>2 years</i>
Immediate	<i>Uremia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. J. Mason</i>	
		Address <i>Clearspring, Md</i>	
Accident or Suicide?			





Name  
in  
Full

Thomas William Phillips

## CERTIFICATE OF DEATH

Died at

Meriden

Town

Washington

County

MARYLAND

Date  
of death

1900

Month

2

Day

14

Age

Years

18

Months

9

Days

28

Sex

Male

Color or  
Race

White

Birth-  
place

Va

Occupation

Farmer

Where Residing if not  
at place of death

Va

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Jey. Le. Somery

Father's  
Name

Presley Phillips

Father's  
Birthplace

Va

Mother's  
Maiden Name

Turkey Guthridge

Mother's  
Birthplace

Va

Name of person giving  
Information

Sam W. Phillips

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Influenza of age

How long

Years

Immediate

Oxygen to Hip from fall

How long

5 Weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. T. Younce  
Brownsville  
Maryland

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

L & Luman & Lore

Name  
in Full

Mrs Mary Ridenour

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington MARYLAND

Date of death 1900 2 12 Age 76 Months — Days —

Sex female Color or Race white Birth-place Md.

Occupation H. W. Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Hiram Ridenour

Father's Name Michael Holtz Father's Birthplace Md.

Mother's Maiden Name Susan Cusumano Mother's Birthplace Md.

Name of person giving Information Mrs J. P. Socks How related to deceased sister

## CAUSES OF DEATH

Primary Hemiplegia Rt Hemisphere. How long 6 days.

Immediate Exhaustion & Paralysis of Cardiac Muscles. How long 2 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician

Address

Hagerstown, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

C. M. Suter 3rd Son

Name  
in  
Full

## CERTIFICATE OF DEATH

Name <i>John Edward Royer</i>		Town <i>Germantown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Germantown</i>		Month <i>Feb.</i>		Day <i>22</i>		Year <i>1960</i>	
Date of death <i>1960 Feb. 22</i>		Age <i>2</i>		Months <i>no</i>		Days <i>15</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germantown Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>At place of death</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Theodore Samuel Royer</i>		Father's Birthplace <i>Germantown Md.</i>					
Mother's Maiden Name <i>Susan M. Moser</i>		Mother's Birthplace <i>Sabillasville Md.</i>					
Name of person giving Information <i>Susan M. Royer</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

Primary <i>Broncho Pneumonia</i>	<i>92</i> How long <i>3 weeks</i>
Immediate <i>"</i>	How long <i>"</i>

Are the name, age, sex, color, date and place correctly given above?

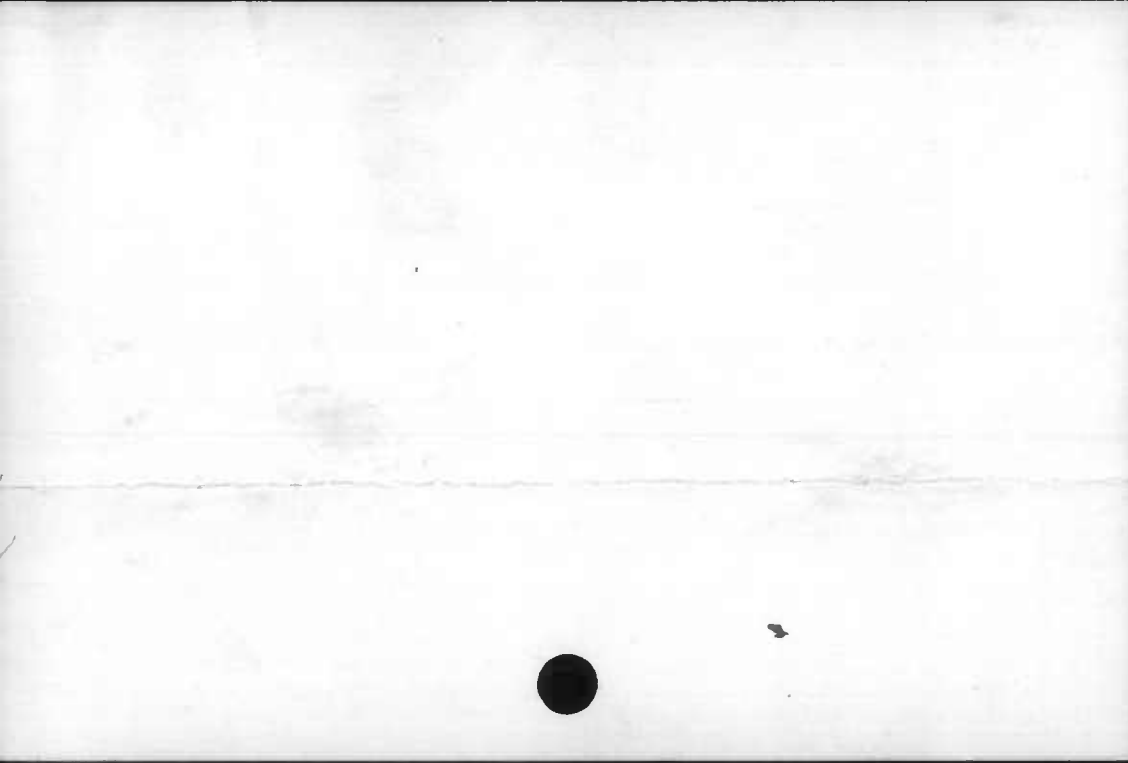
Signature of Physician

*G. L. Wachter*

Address

*Sabillasville Md.*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at Hagerstown Wash. County  
 Date of death 1980, Month 2, Day 15, Age 42 Years, Months 3, Days 18

Sex male Color or Race white Birth-place Penna.

Occupation R.R. Agent Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed married Name of Wife or Husband Mary Schaffert.

Father's Name A. H. Schaffert Father's Birthplace Penna.

Mother's Maiden Name Eliza C. Murphy Mother's Birthplace Penna.

Name of person giving Information Mrs Mary Schaffert How related to deceased wife.

## CAUSES OF DEATH

Primary Gun shot wound of right side of head between ear & frontal bone  
 Immediate same then by cut + 2 cuts

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide

suicide

Ernest D. Hoffman JP  
204 W. Center St.  
Hagerstown Maryland

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

E. M. Suter and Son



Name  
in  
Full

CERTIFICATE OF DEATH

Loyd Franklin Shaffer  
Reid Town Washington County MARYLAND

Died at Reid Washington County MARYLAND

Date of death 1990 Month 2 Day 24 Age 0 Months 4 Days

Sex male Color or Race white Birthplace Reid. Md.

Occupation Where Residing if not at place of death Reid. Md.

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Samuel Shaffer. Father's Birthplace Pa.

Mother's Maiden Name Emma Shultz Mother's Birthplace Pa.

Name of person giving Information Samuel Shaffer How related to deceased Father.

CAUSES OF DEATH

Primary Pneumonia How long 2 days

Immediate Heart Failure How long immediate

Are the name, age, sex, color, date and place correctly given above? No Signature of Physician

Address Nazareth

Accident or Suicide No.

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

F. E. Grover

Name  
in  
Full

Elizabeth A. Shank.

CERTIFICATE OF DEATH

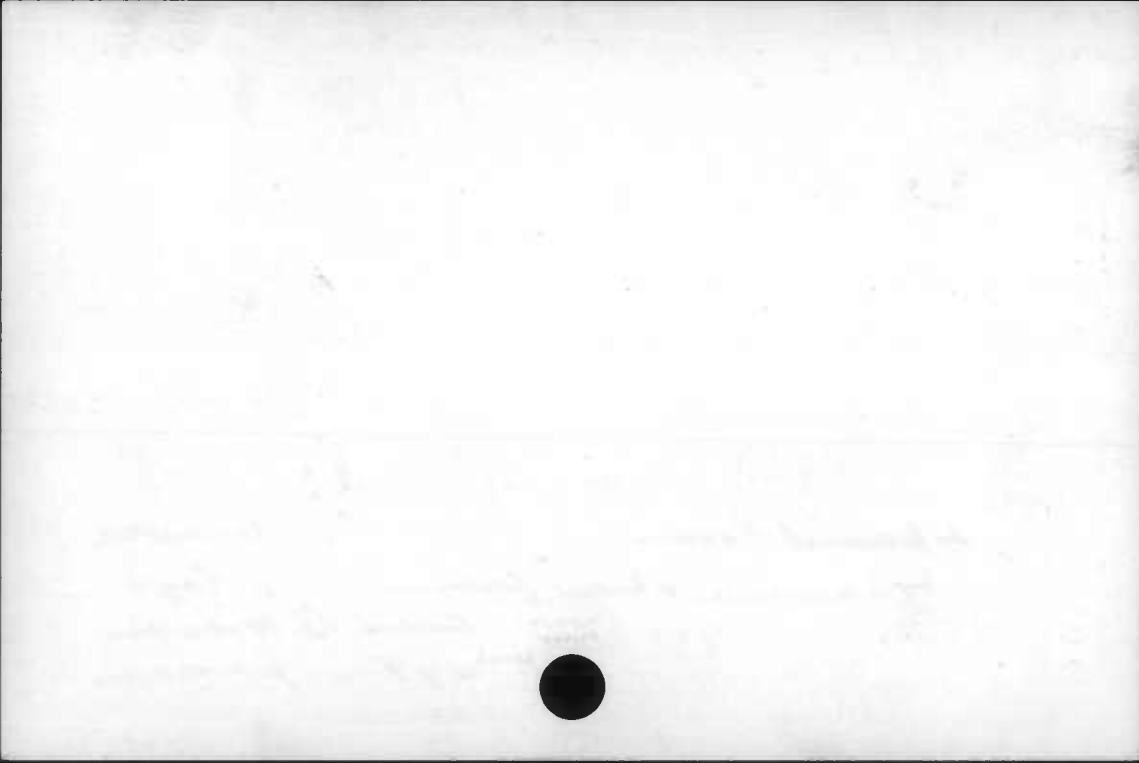
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Near Smithsburg Washington County MARYLAND  
Date of death 1960 Month 2 Day 14 Age 70 Months 10 Days 16  
Sex Female Color or Race White Birth-place Smithsburg  
Occupation House Wife Where Residing if not at place of death Near Smithsburg  
Married, Single or Widowed Married Name of Wife or Husband None.  
Father's Name Fred Cramer Father's Birthplace Germany  
Mother's Maiden Name Elizabeth Fippsch Mother's Birthplace Smithsburg  
Name of person giving Information Isaac Shank. How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary General Debility How long 6 Months  
Immediate General Debility How long 6 Months  
Are the name, age, sex, color, date and place correctly given above? yes  
Signature of Physician Dr. M. K. Farmer Address Smithsburg Maryland  
Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Anna Elizabeth Short

Town

County

MARYLAND

Died at Hagerstown

Washington

Date of death 1990 Feb.

Month

Day

Age 19

Years

Months

Days

Sex Female

Color or  
Race ColoredBirth-  
place

Thundersburg W. Va.

Occupation

Domestic

Where Residing if not  
at place of deathMarried, Single  
or Widowed

single

Name of Wife or  
HusbandFather's  
Name

Charles D. Short

Father's  
Birthplace

Thundersburg W. Va.

Mother's  
Maiden Name

Mary Matilda W. Short

Mother's  
Birthplace

Thundersburg W. Va.

Name of person giving  
Information

Mary M. Short

How related  
to deceased

mother

## CAUSES OF DEATH

1

Primary

Typhoid fever

How long

6 weeks

Immediate

Exhaustion + heart failure

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Allen B. Wilson

Address

243-N. Jonathan St.  
Hagerstown Md.

Accident or Suicide

no

PHYSICIAN  
OR CORNER

June 6 4

Washington 72

S. E. Ford

Name  
in  
Full

CERTIFICATE OF DEATH

Ruth Naomi Smith

Town

County

MARYLAND

Died at Hagerstown

Washington

Date

of death

1900

Month

Oct

Day

19

Age

Years

2

Months

2

Days

7

Sex

Female

Color or  
Race

White

Birth-  
place

md

Occupation

Child

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Charles E Smith

Father's  
Birthplace

md

Mother's  
Maiden Name

Bessie Baker

Mother's  
Birthplace

md

Name of person giving  
Information

Charles E Smith

How related  
to deceased

Father

Child was play

CAUSES OF DEATH

168

Primary

Run over the third of body

How long

5 days

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

U. D. Miller

Hagerstown

Accident or Suicide

Accident

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Dr Muller

Bureau of Land

Department

A. K. Coffman



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mrs Elizabeth Snyder  
 Town Williamsport County Wash

MARYLAND

Died at Williamsport Wash  
 Date of death 1960 2v 2 Age 73 Months 11 Days 14

Sex female Color or Race white Birth-place Md.  
 Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed widow Name of Wife or Husband Geo W. Snyder

Father's Name Jonathan Little Father's Birthplace Md

Mother's Maiden Name Barbara Miller Mother's Birthplace Md.

Name of person giving Information Mrs A. J. Ginstand How related to deceased daughter

## CAUSES OF DEATH

Primary Bronchial Pneumonia & Heart disease How long 94 v Four days  
 Immediate Heart Failure How long Sudden

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician W. S. Richardson  
 Address Williamsport Md.

Accident or Suicide No.

C. M. Suter & sons  
Undertaker  
Hagerstown Ind

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Florance V Snyder*

Town *Keedysville* County *Washington* MARYLAND

Died at

Date of death *1990* Month *2* Day *11* Age *31* Years *1* Months *22* Days

Sex *Female* Color or Race *White* Birth-place *Boonsboro*

Occupation *House Wife* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *David H Snyder*

Father's Name *Samuel Hugah* Father's Birthplace *Boonsboro*

Mother's Maiden Name *Kate Lap-oh* Mother's Birthplace *Boonsboro*

Name of person giving Information *David H Snyder* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Broncho Pneumonia* How long *7 days*

Immediate *Cedema of Lungs* How long *1 day*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Richard H Rice* Address *Keedysville Md*

Accident or Suicide

L E Sumner & Son

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Tilghman Snyder</i>		Town <i>Williamsport</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Williamsport</i>		Month <i>Feb.</i>		Day <i>18</i>		Years <i>33</i>	
Date of death <i>1900 Feb. 18</i>		Months <i>8</i>		Days <i>17</i>			
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Williamsport -</i>			
Occupation <i>laborer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Maggie May Bress</i>					
Father's Name <i>George Snyder</i>		Father's Birthplace <i>Cumtoga, Pa.</i>					
Mother's Maiden Name <i>Elizabeth Leittle</i>		Mother's Birthplace <i>Clearfield, Pa.</i>					
Name of person giving information <i>Maggie May Snyder</i>		How related to deceased <i>Wife</i>					
CAUSES OF DEATH							

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>4 months</i>
Immediate <i>asthenia</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yea</i>	Signature of Physician <i>Dr. J. H. Baugh</i>
	Address <i>Williamsport</i>
Accident or Suicide? <i>l</i>	

C. M. Suter + Sons  
Undertaker  
Hagerstown  
Md

Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Daniel Spessard*  
Town *Neard Riversbury* County *Washington*

Died at *Neard Riversbury*  
Date of death 19*60* Month *2* Day *11* Age *62* Months *2* Days *29*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Farmer* Where Residing if not at place of death *\_\_\_\_\_*

Married, Single or Widowed *Married* Name of Wife or Husband *Martha J. Little*

Father's Name *Christian C. Spessard* Father's Birthplace *Md*

Mother's Maiden Name *Mary Newman* Mother's Birthplace *Pa*

Name of person giving Information *Martha J. Spessard* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Heart & Kidney trouble* How long *3 yrs*

Immediate *Exhaustion* How long *1 month*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *C. A. W. [Signature]*  
Address *121 [Signature] Md*

PHYSICIAN  
OR CORONER

Accident or Suicide

L. M. Watkins



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Catherine G. Stake*  
Town *Hagerstown* County *Washington* MARYLAND  
Died at  
Date of death *1960* Month *2* Day *1* Age *75* Years Months Days  
Sex *female* Color or Race *white* Birth-place *MD*  
Occupation *none* Where Residing if not at place of death  
Married, Single or Widowed *single* Name of Wife or Husband  
Father's Name *Elie Stake* Father's Birthplace *MD*  
Mother's Maiden Name *Margaret Monahan* Mother's Birthplace  
Name of person giving Information *J. M. Dugan* How related to deceased *nephew*

CAUSES OF DEATH

PHYSICIAN  
OR CORDNER

Primary *Epilepsy* How long *69* *During life*  
*& Rheumatism* How long *20 to 25*  
Immediate  
Are the name, age, sex, color, date and place correctly given above? *yes*  
Signature of Physician *J. M. Dugan*  
Address *117 N. Patuxent St*  
Accident or Suicide

E. M. Suter and Son

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John Stratiff*

Town *Williamsport* County *Washington*

Died at *Williamsport*

Date of death 1900 *Feb* *4* *12* Age *74* Months *10* Days *18*

Sex *Male* Color or Race *White* Birth-place *Ft. Loudon Pa*

Occupation *Laborer* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Widower* Name of Wife or Husband *Mary Jane Kinney*

Father's Name *William Stratiff* Father's Birthplace *Ft. Loudon Pa*

Mother's Maiden Name *Helfie Carr* Mother's Birthplace *" " "*

Name of person giving Information *Samuel Stratiff* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cancer of Oesophagus* How long *4 months*

Immediate *Anaemia* How long *4 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Ernest H. Cusker*

Address *Williamsport*

Accident or Suicidal \_\_\_\_\_

1910

Feb-7<sup>th</sup> entered in Ft Loudon Pa

J F Kufs  
Undertaker

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name Mollie Taylor

Town Flagastown County Washington MARYLAND

Died at Flagastown Washington

Date of death 1960 February 8 Age 42 Months — Days —

Sex Female Color or Race Colored Birth-place Louisville W. Va.

Occupation Housewife Where Residing if not at place of death Flagastown

Married, Single or Widowed Married Name of Wife or Husband Charles Taylor

Father's Name Jacob Doughman Father's Birthplace Brenhill W. Va.

Mother's Maiden Name Mariah Doughman Mother's Birthplace Brenhill W. Va.

Name of person giving Information Charles Taylor How related to deceased Husband

CAUSES OF DEATH

27 ✓

PHYSICIAN  
OR CORNER

Primary Pneumonia Tuberculosis How long 6 months

Immediate Cardiac failure How long 6 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Allen B. Wilson

Address 243 - N. Jonneman St.  
Flagastown Md.

Accident or Suicide no

S. E. Ford.

Name  
in Full

David H. Thomas

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Beaver Creek

Washington

Date of death

1960 Feb

22

Age

63

Months

Days

Sex

Male

Color or Race

White

Birth-place

Ind.

Occupation

Farmer

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Jack Thomas

Father's Birthplace

Ind.

Mother's Maiden Name

Mary Alter

Mother's Birthplace

Ind.

Name of person giving Information

Mary B. Thomas

How related to deceased

Sister

CAUSES OF DEATH

Primary

Valvular Disease Heart

How long

1 year

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. C. Wheeler M.D.

Address

Brownboro Washington Co.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Bringing V Best  
Undertakers



Name  
in  
Full

Leo. Duhamil Thompson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williamsport</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death 19 <i>00</i>	Month <i>Feb</i>	Day <i>22</i>	Age <i>44</i>	Months <i>11</i>	Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Williamsport Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Hotel Keeper</i>		
Name of Wife or Husband <i>Catharine Agnes Collins</i>					
Father's Name <i>Jesse F. Thompson</i>			Father's Birthplace <i>Williamsport Md</i>		
Mother's Maiden Name <i>Mary Francis Oliver</i>			Mother's Birthplace <i>Ft Smith Arkansas</i>		
Name of person giving In formation <i>Mrs M F. Thompson</i>			How related to deceased <i>Mother.</i>		

## CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary <i>Chronic Alcoholism.</i>	How long <i>One year.</i>
Immediate <i>Exhaustion.</i>	How long <i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Ornest H. Gauthier</i>
	Address <i>Williamsport</i>
Accident or Suicide?	

Feb 24. 1910

J. F. Kreps

Reverend Country

Wilmington

Ma

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jeremiah Weller*  
Town *Millstone* County *Washington* MARYLAND

Died at *Millstone* *Washington*

Date of death *1940 Feb. 15<sup>th</sup>* Age *58* Months *1* Days *3*

Sex *Male* Color or Race *White* Birth-place *Millstone Md*

Occupation *Farmer* Where Residing if not at place of death

Married, ~~Single~~ *Single* Name of Wife or ~~Husband~~ *Lizzie Lida Weller*

Father's Name *Samuel Weller* Father's Birthplace *Md.*

Mother's Maiden Name *Mary Barbero Myers* Mother's Birthplace *Md.*

Name of person giving Information *Mary Elizabeth Weller* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Coronary Heart Disease* *79* How long *Some years*

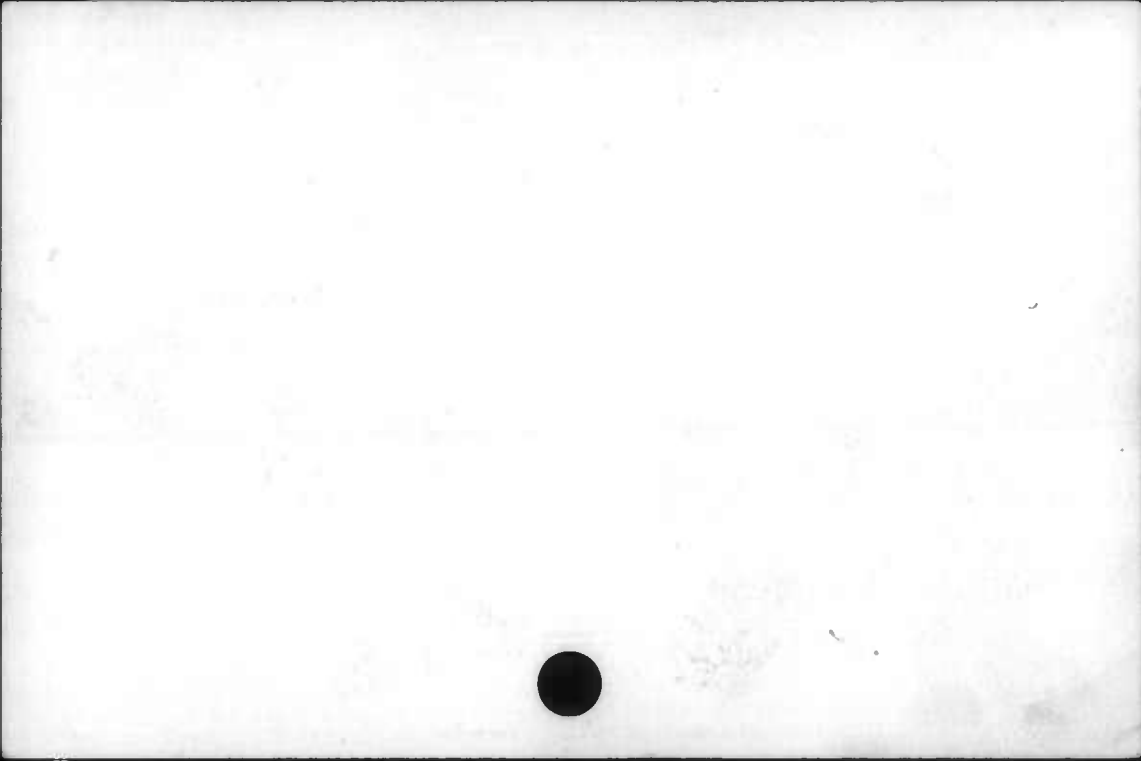
Immediate *HF Failure* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. E. Stiguo* Address *Hancock, Md.*

Accident or Suicide *No*

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORNER

Name *Sarah Whiting* Town *Hagerstown* County *Washington* MARYLAND  
Died at *Hagerstown*  
Date of death 1900 *Oct* *20* Age *84* Months *1* Days *14*  
Sex *Female* Color or Race *White* Birth-place *md*  
Occupation *Domestic* Where Residing if not at place of death *md*

Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Benjamin Whiting* Father's Birthplace *md*Mother's Maiden Name *Amie Smothers* Mother's Birthplace *md*Name of person giving Information *Joseph Whiting* How related to deceased *Brother*

## CAUSES OF DEATH

Primary *Nephritis -*  
*& haematuria*  
Immediate *Yrs.*Are the name, age, sex, color, date and place correctly given above? *Yrs.*

Signature of Physician

Address

How long

How long

Accident or Suicide

A. K. Hoffman

By Google  
Digitized by  
Google



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Still Born Williams* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* Date of death *1900 Feb 18* Age *18* Months *18* Days *18*

Sex *Female* Color or Race *Colored* Birth-place *Hagerstown Md*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *John Williams* Father's Birthplace *Williamsport Md*

Mother's Maiden Name *Nettie W Bellows (Bell)* Mother's Birthplace *Hagerstown Md*

Name of person giving information *Leona Reed* How related to deceased *Cousin*

## CAUSES OF DEATH

Primary *Still Born*

Immediate *Still Born*

Are the name, age, sex, color, date and place correctly given above? *yes*

Accident or Suicide *no*

Signature of Physician

*A. B. Wilson*

Address

*243 N. Jonathan St  
Hagerstown Md.*

How long *8*

How long \_\_\_\_\_

PHYSICIAN  
OR CORONER

Half-Way Cemetery

S. E. Ford.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Presburg* <sup>*Still Born*</sup> *Gilbert Wolfersberger*  
Died at *Hagerstown* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**  
Date of death 1900 <sup>Month</sup> 2 <sup>Day</sup> 10 Age <sup>Years</sup> *— <sup>Months</sup> *— <sup>Days</sup> *—*  
Sex *Male* Color or Race *White* Birth-place *Md*  
Occupation *—* Where Residing if not at place of death *—***

~~Married, Single~~ *—* Name of Wife or Husband *—*  
Father's Name *Charles W. Wolfersberger* Father's Birthplace *Ind*  
Mother's Maiden Name *Myrtle E. Gilbert* Mother's Birthplace *Md*  
Name of person giving Information *Charles W. Wolfersberger* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still Born* *8* How long *—*  
Immediata *—* How long *—*  
Are the name, age, sex, color, date and place correctly given above? *yes*  
Signature of Physician *W. Preston Miller*  
Address *Hagerstown*  
Accident or Suicide *no*

L. M. Watkins

Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Ash		Washington.		MARYLAND				
		Date of death		1940	Month	2	Day	2	Age	62	Months	Days
		Sex		Female.		Color or Race		white		Birth-place		Pa.
		Occupation		House wife.		Where Residing if not at place of death		Ash.				
		Married, Single or Widowed		Single		Name of Wife or Husband		Calvin Zimmerman.				
		Father's Name		Isaac Weingart.		Father's Birthplace		Pa.				
PHYSICIAN OR CORONER		Mother's Maiden Name		Rebecca Mc Colough.		Mother's Birthplace		Pa.				
		Name of person giving information		Walter Zimmerman.		How related to deceased		Son.				
		CAUSES OF DEATH				<div>90</div>						
		Primary		Bronchitis		How long		One year				
Immediate		Heart failure		How long		Ten hours						
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Abraham Shank				
						Address		Clearspring				
								Washington County				
		Accident or Suicide?										

